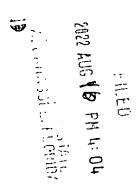
# Faa00005aa5

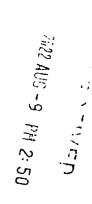
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
		,		
W22-103021				

Office Use Only



100390191451





T. LEMIEUX AUG 1 **7** 2022

## Incorporating Services, Ltd.

incserv<sup>o</sup>

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 . Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

### **ORDER FORM**

**TO** Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM Melissa Moreau

mmoreau@incserv.com

850.656.7953

REQUEST DATE: 8/9/2022

**PRIORITY** Regular Approval

OUR REF # (Order ID#) 1060892

ORDER ENTITY

SP CRUISES CREWCO LIMITED, A BERMUDA COMPANY

# PLEASE PERFORM THE FOLLOWING SERVICES:

SP CRUISES CREWCO LIMITED, A BERMUDA COMPANY (FL)

File the attached foreign qualification document and provide a certified copy and certificate of status.

NOTES:

\$87.50 Authorized

## **RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, August 9, 2022 Page 1 of 1

# **COVER LETTER**

TO: Registration Section Division of Corporation	S		
SUBJECT: SP Cruises CrewCo	o Limited, a Bermuda Comp	any	
50000001.	Name of corporation -	must include suffix	
Dear Sir or Madam:			
The enclosed "Application by For "Certificate of Existence," or "Cabove referenced foreign corpor	ertificate of Good Standi	ng" and check are subm	
Please return all correspondence	concerning this matter to	the following:	
Robert Klock			
	Name of Pe	rson	<del></del>
Azamara			
	Firm/Compa	ny	_
3059 Grand Ave., Suite 205			
	Address		
Coconut Grove, Florida, 33133			
	City/State and	Zip code	
rklock@azamara.com			
E-ma	il address: (to be used for	future annual report not	ification)
For further information concern	ing this matter, please cal	l:	
Robert Klock	305 at (	444-0777	
Name of Person	Area Code	Daytime Telepho	ne Number
STREET/COURIER A Registration Section Division of Corporation The Centre of Tallahass 2415 N. Monroe Street, Tallahassee, FL 32303	s ee	MAILING AD Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations
	ORIDA DEPARTMENT O 8.75 Filing Fee & 🔠 \$	F STATE 678.75 Filing Fee & Certified Copy	■ \$87,50 Filing Fee, Certificate of Status & Certified Copy



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 9, 2022

INCORPORATING SERVICES

Please hones the esignal submission date as the file data there is the

SUBJECT: SP CRUISES CREWCO LIMITED

Ref. Number: W22000103021

We have received your document for SP CRUISES CREWCO LIMITED and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name in line 1 must match the certificate other than the corporate suffix that is required by florida law.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 522A00017796

Please hone; the eriginal submission date as the file date thanks!

2022 AUG 16 PM 2:52

#### \* APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. SP Cruises Crev	vCo Limited Company		
	orporation; must include "INCORPORATED." orp," "Inc," "Co," or "Corp,")	"COMPANY," "CORPORATIO	N,"
(If name unavail:	able in Florida, enter alternate corporate name a	adopted for the purpose of transacti	ing business in Florida)
Bermuda	3	98-1583370	
	y under the law of which it is incorporated)	(FEI number, if applicable)	
February 15, 20	21		
(Date	of incorporation) 5.	(Date of duration, if other	than perpetual)
Upon issuance c	of certificate of authority to transact business in		
, 3059 Grand Ave.	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 Suite 205, Coconut Grove, Florida, 33133		lity)
		ce <u>street</u> address)	· · · · · · · · · · · · · · · · · · ·
			<b>2</b> 22
**	(Current mailin	g address, if different)	ALL THE SEE F
. Name and stree	t address of Florida registered agent: (P.O	). Box <u>NOT</u> acceptable)	
Name:	Francisco Mallmann		SERVER PA
Office Address: 30	3059 Grand Ave., Suite 205		14: <b>05</b> 1686)
	Coconut Grove	, Florida	ન્:
	(City)	(Zip code)	

#### 9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

·A. DIRECTORS			
□Chairman	Name: Carola Elizabeth Cabezas	∐}Chairman	Name: Francisco Mallmann
□Vice Chairman	Address: 3059 Grand Ave., Suite 205,	□Vice Chairman	Address: 3059 Grand Ave., Suite 205,
Director	Coconut Grove, Florida, 33133	■Director	Coconut Grove, Florida, 33133
President		□President	
□Vice President		□Vice President	
□Sccretary	☐ Treasurer	□ Secretary	☐Treasurer
□Other	Other	■Other <u>CFO</u>	Other
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
□President		□President	
□Vice President		□Vice President	
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other	Other	□Other	Other
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
Director		Director	
□President		□President	
□Vice President		□Vice President	
☐ Secretary	☐Treasurer	☐ Secretary	□Treasurer
l⊒Other	ClOther	□Other	[]Other
	Use an attachment to report more than six (6). The stadded to the index when filing your Florida Departure of Direct	tment of State Annual Re	

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Francisco Mallmann/Director



#### **BERMUDA**

#### MINISTRY OF FINANCE

## **CERTIFICATE OF COMPLIANCE**

I, Kenneth Joaquin, Registrar of Companies, in the Islands of Bermuda, do hereby certify that

#### SP Cruises CrewCo Limited

is a company duly incorporated under the laws of Bermuda and is, at the date of this Certificate, in good standing, under the Companies Act 1981.

Issued Date: 22nd day of July 2022

Kenneth Joaquin

Registrar of Companies

22nd day of July 2022



