# F24000000877

(Requestor's Name)
(Address)
(,
(Address)
(City/State/Zip/Phone #)
(/-
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Name)
(Document Number)
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### **COVER LETTER**

TO: Registration Section Division of Corporations			
<b>SUBJECT:</b> Marine Specialty Painting, Inc.			
Name of	corporation -	must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign Corp "Certificate of Existence," or "Certificate of above referenced foreign corporation to trans	`Good Standi	ng" and check are submi-	Business in Florida," tted to register the
Please return all correspondence concerning	this matter to	the following:	
Amy Marchigiani			
	Name of Pe	rson	<del></del>
Marine Specialty Painting, Inc.			
	Firm/Compa	iny	_
3350 Elm Avenue			
-	Address	<del>.</del>	
Portsmouth, Virginia 23704			
	City/State and	Zip code	
rdelduca1503@comcast.net			
E-mail address: (	to be used for	future annual report noti	fication)
For further information concerning this matt	er, please cal	:	
Ronald M. Del Duca, Jr.	412	722-2552	
Name of Person	Area Code	Daytime Telephor	ne Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADE Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	ion orations
Enclosed is a check for the following amount Please make check payable to: <b>FLORIDA DEP</b> .  \$70.00 Filing Fee \$78.75 Filing For Certificate of States.	ARTMENT O		■ \$87.50 Filing Fee, Certificate of Status & Certified Copy

### 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.	Marine Specialty	Painting, Inc.				
		orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"	-	
	(If name unavails	able in Florida, enter alternate cornorate na	me	adopted for the purpose of transacting business in Florida)	_	
	Virginia	able in Fiorida, effer affernate corporate na		04.3731400		
2.					_	
		y under the law of which it is incorporated:	)	(FEI number, if applicable)		
4.	1/24/2003		5.	perpetual		
	(Date	of incorporation)		(Date of duration, if other than perpetual)		
6.	no business activ	vity until registered				
				n Florida, if prior to registration)		
			7.1	502, F.S., to determine penalty liability)		
7.	2145 W 26th Str	reet			_	
		(Principal	off	ice <u>street</u> address)		
	3350 Elm Avenue	e. Portsmouth, Virginia 23704				
		(Current ma	ailiı	ng address, if different)	•	
8.	Name and stree	et address of Florida registered agent: (	(P.0	D. Box NOT acceptable)	202	
		Amy Marchigiani			2024 JAN 3	Cir.ye
	Name:				=	i. Carenza
О	ffice Address:	2145 W 26th Street			3	ly taksu I
		Jacksonville		32209	A	7
		(City)		(Zip code)	<del></del>	S PRES
		(0)			AM II: 43	
9.	Registered age	ent'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 agen'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. DIŘECTOŘS	•					
□Chairman	Name: Alfred J. Marchigiani	□Chairman	Name: Amy Marchigiani			
□Vice Chairman	Address: 3350 Elm Avenue	□Vice Chairman	Address: 2350 Elm Avenue			
Director	Portsmouth, Virginia 23704	□Director	Portsmouth, Virginia 23704			
President		□President				
■ Vice President		□Vice President				
☐ Secretary	□Treasurer	<b>■</b> Secretary	<b>■</b> 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			
□Other	Other	□Other	Other			
□Chairman	Name:		Name:			
	Address:		Address:			
Director		□Director				
□President		□President				
□Vice President		□Vice President				
□Secretary	□Treasurer	☐Secretary	□Treasurer			
□Other	Other	□Other	Other			
individuals may be	Use an attachment to report more than six (6). The attact added to the index whom filing your Florida Department of the first state of the state of	ent of State Annual R	eport form.	exed		
12.	Signature of Director of	Officer				
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.

# Commontoealthof Hirginia



## State Corporation Commission

#### CERTIFICATE OF GOOD STANDING

1 Certify the Following from the Records of the Commission:

That MARINE SPECIALTY PAINTING INC. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on January 24, 2003;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

January 17, 2024

Bernard J. Logan, Clerk of the Commission