# F2400000014150

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

TO: Registration Section Division of Corporations			
SUBJECT: Poseidon Charters Ix	<u> </u>		
Name of corporation - mus	st include suffix		
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation for Autho "Certificate of Existence," or "Certificate of Good Standing" above referenced foreign corporation to transact business in F	and check are submitted to register the		
Please return all correspondence concerning this matter to the	e following:		
Warren Petter Name of Person	cirow		
Name of Person			
	_		
Firm/Company			
1325 3rd Av Address Marathon, FL City/State and Zip	e Ocean		
Address			
Marathon FL	33050		
City/State and Zip	o code		
W Pettegron @ C E-mail address: (No be used for fut	Jahoo.com		
E-mail address: (fe/be used for fut	tre annual report notification)		
For further information concerning this matter, please call:			
Vilar Call	•		
Warren Pettegrew at (207)	266-1173		
Name of Person Area Code	Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section		
Division of Corporations The Centre of Tallahassee	Division of Corporations P.O. Box 6327		
2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	Tallahassee, FL 32314		
Enclosed is a check for the following amount:	VITA AND		
	TATE  .75 Filing Fee &   \$87.50 Filing Fee, tified Copy  Certificate of Status & Certified Copy		

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

IN COMPLIANCE WITH SECTION 607. REGISTER A FOREIGN CORPORATION	1503, FLORIDA STAT N TO TRANSACT BU:	TUTES, THE FOLLOWING IS SUB SINESS IN THE STATE OF FLORI	MITTED TO DA.
Residen Charles	Time		
(Enter name of corporation; must include "lnc" "Co.," "Corp.," "Inc." "Co," or "Cor	"INCORPORATED," "	COMPANY," "CORPORATION."	
(If name unavailable in Florida, enter alter	mate corporate name add	opted for the purpose of transacting busi	ness in Florida)
2. Maine	3	10-0004175	<u> </u>
(State or country under the law of which	it is incorporated)	(FEI number, if applicab	de)
4. (Date of incorporation)	5	(Date of duration, if other than p	erpetual)
		lorida, if prior to registration) , F.S., to determine penalty liability)	
7. 1237 Bar Harbor 1		ME 04605	
	(Principal office	street address)	
	(Current mailing a	iddress, if different)	
	_		2
8. Name and street address of Florida reg	gistered agent: (P.O. I	Box NOT acceptable)	SECR ISIO
Name: Warren Pe-	Haron	_	FIL. 1
Office Address: リろンケ 30	a Ave () Cecu-	<u>_</u>	<b>2</b>
Marat	hon Sity)	, Florida <u>33050</u> (Zip code)	3: 24
9. Registered agent's acceptance: Having been named as registered agent designated in this application, I hereby of further agree to comply with the provision	and to accept service accept the appointmen ons of all statutes rela	nt as registered agent and agree to ditive to the proper and complete per	act in this capacity. I
and I am familiar with and accept the ob	(Registered agent's, signa	Jaces	

under the law of which it is incorporated.

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



A. DIRECTORS	· • • • • • • • • • • • • • • • • • • •						
□Chairman	Name: Warren Pettegran	□Chairman	Name:				
□Vice Chairman	Address: 11325 3rd Avi Olean	□Vice Chairman	Address:				
□Director	Marathon, FL 33050	□Director					
President		□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	□Secretary		□Treasurer			
Other	□Other	Other		Other			
□Chaiπnan	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		Director					
□President		□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	☐ Secretary		Treasurer			
□Other	Other	□Other	<del></del>	□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			
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of-State Annual Report form.							
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.							

(Typed or printed name and capacity of person signing application)

## State of Maine



### Department of the Secretary of State

I, the Secretary of State of Maine, certify that according to the provisions of the Constitution and Laws of the State of Maine, the Department of the Secretary of State is the legal custodian of the Great Seal of the State of Maine which is hereunto affixed and of the records of organization, amendment, and dissolution of corporations and annual reports filed by the same.

**I further certify** that POSEIDON CHARTERS, INC. is a duly organized business corporation under the laws of the State of Maine and that the date of incorporation is December 7, 2001.

I further certify that said business corporation has filed annual reports due to this Department, and that no action is now pending by or on behalf of the State of Maine to forfeit the articles of incorporation and that according to the records in the Department of the Secretary of State, said corporation is a legally existing business corporation in good standing under the laws of the State of Maine at the present time.



In testimony whereof, I have caused the Great Seal of the State of Maine to be hereunto affixed, given under my hand at Augusta, Maine, this twenty-second day of July 2024.

Shenna Bellows Secretary of State

Authentication: 8005397