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(Requ	uestor's Name)	
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(City/	State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Nar	me)
(Doct	ument Number))
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer.	

Office Use Only



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Tallahassee, FL 32301-2607 850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext: x62969 Date: 11/26/24 Order #: 1695279-1 Re: SSA Marine, Inc.

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$70.00 - FL State Account Number:

12000000195

Certificate of Good Standing from State of Incorporation

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: SSA Marine, Inc.			
	of corporation	- must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign C "Certificate of Existence," or "Certificat above referenced foreign corporation to	e of Good Stand	ding" and check are subn	
Please return all correspondence concert	ning this matter	to the following:	
Taylor Davison			
	Name of I	² erson	_
SSA Marine. Inc.			
	Firm/Com	pany	
1131 SW Klickitat Way			`
	Addre	ss	· · · · · · · · · · · · · · · · · · ·
Seattle, WA 98134			
	City/State ar	id Zip code	■ 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1
legal@carrix.com			
E-mail addres	ss: (to be used fo	or future annual report no	otification)
For further information concerning this	matter, please ca	all:	
Taylor Davison	at (344-4762	
Name of Person	Area Code	Daytime Teleph	one Number
STREET/COURIER ADDRE Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303		MAILING AI Registration Se Division of Co. P.O. Box 6327 Tallahassee, FI	rporations
Enclosed is a check for the following an Please make check payable to: FLORIDA I \$70.00 Filing Fee \$78.75 Fili Certificate	DEPARTMENT ng Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	☐ \$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.

(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transac	cting business in Florida)
Washington	3.	-2038445	
	y under the law of which it is incorporated)	(FEI number, il	f applicable)
November 29, 1	3 .	(Date of duration, if oth	
	of incorporation)	(Date of duration, if oth	ner than perpetual)
September 23, 2			
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502)		hility)
I I 31 SW Klickit	at Way, Scattle, WA 98134	, 1.3., to determine penary na	ounty)
	Orinoinal office	stroot address)	
	(Principal office	street address)	
	•		
	•	street address) ddress, if different)	2821
Name and stre	•	ddress, if different)	2824 NO
	(Current mailing	ddress, if different)	2824 NOV 26
Name and <u>stre</u> Name:	(Current mailing et address of Florida registered agent: (P.O. Corporation Service Company	ddress, if different)	2824 NOV 26 P
	(Current mailing of the content mailing of the content mailing of the content of	ddress, if different)	
Name:	(Current mailing et address of Florida registered agent: (P.O. Corporation Service Company	ddress, if different)	بر (ت) ریازی به در در از

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.

(Registered agent's signature)

Docusign Envelope ID: 82338A10-E161-4726-A7DE-8229318C04E6

A. DIRECTORS Uffe Ostergaard Jaime Neal Name: ____ □Chairman ' □ Chairman 1131 SW Klickitat Way 1131 SW Klickitat Way Address: Address: □Vice Chairman ☐ Vice Chairman Seattle, WA 98134 Seattle, WA 98134 ■ Director Director **President** □ President ☐ Vice President ☐ Vice President ☐ Treasurer ☐ Secretary □Treasurer ☐ Secretary ■Other ___ **■**Other <u> </u> □Other _____ □Other _____ Matthew McCardell □ Chairman □ Chairman 1131 SW Klickitat Way Address: _____ □Vice Chairman □ Vice Chairman Seattle, WA 98134 Seattle, WA 98134 ☐ Director ☐ Director President □President ■ Vice President ■ Vice President **■** Secretary □Treasurer ☐ Secretary Treasurer General Counsel □Other _____ □Other □Other Name: _____ Nicolas Gauthier Name: Chairman □ Chairman Address: __ Address: 1131 SW Klickitat Way □Vice Chairman □Vice Chairman Seattle, WA 98134 Seattle, WA 98134 Director □ Director ☐ President □President ☐ Vice President □Vice President □ Secretary □Treasurer □ Secretary □Treasurer President, Global : President, Conven-□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 1/1/18 by added to the index when filing your Florida Department of State Annual Report form. Matthiw McCardell OA70542E2820420 .. Signature of Director or 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.

Matthew McCardell

The State of Washington

Secretary of State

1, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

SSA MARINE, INC.

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 11/29/1999.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 11/25/2024 UBI Number: 601 995 666



S-PSECONSE -

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

the R Hobbe

Steve R. Hobbs, Secretary of State

Date Issued: 11/25/2024