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TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

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-05/22/96--01036--002
*****70.75 *****70.75

SUBJECT: KONDOS MARINE SERVICES, LTD.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

<u>ZACHARIA KONDOS</u> (Name of Person)	}
<u>KONDOS MARINE SERVICES, LTD.</u> (Firm/Company)	
<u>1281 MAIN STREET</u> (Address)	
<u>STAMFORD, CONNECTICUT 06902</u> (City/State/Zip)	

Acad Co.

Should you need to call someone concerning this matter, please call:

ZACHARIA KONDOS
(Name of Person)

at (203) 3531119
(Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

4/5/22

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 MAY 22 PM 1:58

**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. KONDOS MARINE SERVICES, LTD. CO.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. DELAWARE
(State or country under the law of which it is incorporated)
3. N/A
(FEI number, if applicable)
4. APRIL 29, 1992
(Date of Incorporation)
5. N/A
(Duration: Year corp. will cease to exist or "perpetual")
6. N/A
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. KONDOS MARINE SERVICES, LTD.
1281 MAIN STREET, STAMFORD, CT 06902
(Current mailing address)
8. TO ENGAGE IN ANY LAWFULL ACT OR ACTIVITY.
SHIPBROKERING, SHIP AGENCY, SHIP MANAGEMENT.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. **Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)**

Name: ZACHARIA KONDOS

Office Address: 2550 EISENHOWER BLVD.

FORT LAUDERDALE, Florida, 33316
(Zip Code)

10. 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)

11. 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.

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12. Names and addresses of officers and/or directors: (Street address **ONLY**- P. O. Box **NOT** acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: ZACHARIA KONDOS

Address: 17 HARBOR ROAD, DARIEN, CT 06820

Director: MOIRA KONDOS

Address: 17 HARBOR ROAD, DARIEN, CT 06820

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: ZACHARIA KONDOS

Address: 17 HARBOR ROAD, DARIEN, CT 06820

Vice President: _____

Address: _____

Secretary: MOIRA KONDOS

Address: 17 HARBOR ROAD, DARIEN, CT 06820

Treasurer: MOIRA KONDOS

Address: 17 HARBOR ROAD, DARIEN, CT 06820

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

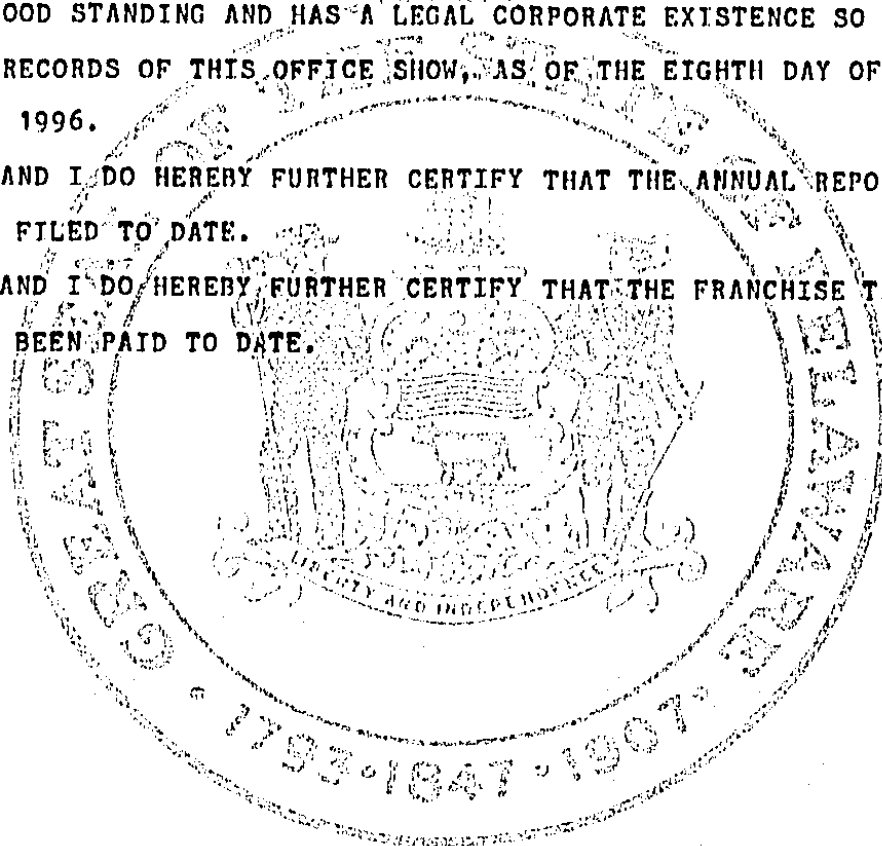
14. ZACHARIA KONDOS-PRESIDENT MOIRA KONDOS-SECRETARY/TREASURER
(Typed or printed name and capacity of person signing application)

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KONDOS MARINE SERVICES, LTD." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF MAY, A.D. 1996.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 MAY 22 PM 1:58



Edward J. Freel

Edward J. Freel, Secretary of State

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AUTHENTICATION: 7938282

DATE: 05-08-96