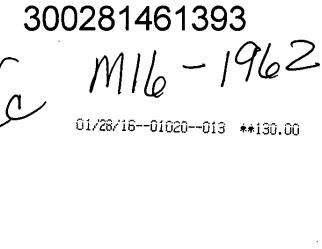
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(Requestor's Name) (Address) (Address)	3002814613				
(City/State/Zip/Phone #) PICK-UP WAIT MAIL WILE 38 (Business Entity Name)	70° M16 - 01/28/16010200				
Certified Copies Certificates of Status Special Instructions to Filing Officer:	A CONTRACTOR OF THE RIDA				

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COVER LETTER

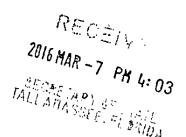
Registration Section Division of Corporations

TO:

SUBJECT:	Todd Maritime Servi	·							
SOBJECT.			imited Liability C	Company					
		eign Limited Liability Compa I to register the above referen							
Please return	all correspondence co	oncerning this matter to the f	ollowing:						
	Sara Kaufmann								
		Na	me of Person	Person					
	Todd Maritime	Todd Maritime Services, LLC							
	Firm/Company								
	1115 Broadway 12th Fl								
		Address							
	New York, NY	10010							
	City/State and Zip Code								
	sarak@toddms.ne								
		E-mail address: (to be used	for future annual	report noti	fication)				
For further in	nformation concerning	this matter, please call:							
Sar	a Kaufmann		646 at (378-788	2				
	Name or	Contact Person	Area Code	Dayt	ime Telephone Number				
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301							
	check for the followi 125.00 Filing Fee	ng amount: ■ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	g Fee &	□ \$160.00 Filing Fee, Ce of Status & Certified Cop				



FLORIDA DEPARTMENT OF STATE Division of Corporations



February 1, 2016

SARA KAUFMANN TODD MARITIME SERVICES, LLC 1115 BROADWAY 12TH FLOOR NEW YORK, NY 10010

SUBJECT: TODD MARITIME SERVICES, LLC

Ref. Number: W16000006838

We have received your document for TODD MARITIME SERVICES, LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Nanette Causseaux Regulatory Specialist II Supervisor

Letter Number: 916A00002079

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Todd Maritime Services, LLC

1. Observe of Ferrian Limited Liability Company must include "Limited Liability Company" "LLC" or "LLC" or "LLC"."

(Name of Fore	ign Limited Liability C	Company; must in	clude "Limited Li	ability Company," "L.L.C	C.," or "LLC.")
(If name unavailable, enter al Liability Company," "L.L.C,"	ternate name adopted for "LLC.")	or the purpose of	transacting busine	ess in Florida. The alterna	ate name must include "Limited
2. New York			3. 20-1837628		
(Jurisdiction under the law company is organized)	of which foreign limite	d liability		(FEI number, if appl	licable)
4. February 1, 2016					
***************************************	(Date first tran (See sections 605	sacted business in .0904 & 605.090	Florida, if prior 5, F.S. to determine	o registration.) ne penalty liability)	
5. 1115 Broadway 12th F	l New York, NY 100	010			
					25 5 acres
	(Stree	t Address of Princ	cipal Office)		
6. 1115 Broadway 12th Fl			· ·		Par 1 gran
U					
		(Mailing Add	racel	· · · · · · · · · · · · · · · · · · ·	
					FI PRIDE
7. Name and street address	_	d agent: (P.O.)	Box <u>NOT</u> accep	otable)	₹ 7 5
Name:	Eric Schulz		····		
Office Address:	6211 Nimes Ct.			_	
	Lutz			, Florida <u>33558</u>	
		(City)		(Zip co	de)
designated in this applica	gistered agent and to tion, I hereby accept ons of all statutes rel my position as regist	the appointme lative to the pro	nt as registered	agent and agree to ac	d liability company at the place t in this capacity. I further agree duties, and I am familiar with and
	Ouc	(Registered	agent's signature)	
0 The name 4/41	مع و حديد المام من المام المام المام المام المام المام ا				
8. The name, title or capa Sara Kaufmann / Office M	•	•			
Eric Schulz / Operations N	Manager 6211 Nimes	Ct. Lutz, Florio	la 33558		
<u> </u>					
	of which it is organiz		icate is in a fore	ign language, a transla	naving custody of records in the ation of the certificate under oath

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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 of signee

Sara Kaufmann

State of New York **} ss: Department of State**

I hereby certify, that TODD MARITIME SERVICES, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 11/20/2003, and that the Limited Liability Company is existing so far as shown by the records of the Department.



* * *

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 24th day of February two thousand and sixteen.

Continy Sicidina

Executive Deputy Secretary of State