Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (512)418-6949

Fax Number

: (954)208-0845

Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please.

Email Address:____

Foreign Limited Liability Company SAVAGE MARINE STAFFING, LLC

Certificate of Status	U
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Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

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, .				Limited Liability (•	•	
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	Beth I	Cearsley					
			N	ame of Person			
	Savag	e Servic	es Corporation				
			F	irm/Company			
	901 V	/. Legac	Center Way				
				Address			
	Midvi	ale, Utah	84047				
				State and Zip Code	···· 		
	· hethkes	rslev@s	avageservices.com				
			E-mail address: (to be use	d for future annual	report not	ification)	
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or further information concerning this matter, please call:			tr		40		
	Beth Kearsley				424-726)		
		Name	of Contact Person	Area Code	Day	time Telephone Number	
•	MAILING ADDRESS:			•		ADDRESS:	
	Division of Corporations Registration Section				Registrati	on Section	
P.O. Box 6327			Clifton B	•			
	Tallahassee, FL	32314		•		cutive Center Circle ec, FL 32301	
nelosee	d is a check for t	he follov	ving amount:				
	☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status		☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Certified Copy of Status & Certified		FIGURE CO Filing For Co	writings	

 $\iota^* \otimes \gamma$

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 RECEISTER A FOREIGN. LIMITED LIABILITY.

Savage Marine Staffing,	LLC		
	n Limited Liability Company; must include	Limited Liability Company," "Fal. C.," or "	LLC.")
Liability Company," "L.L.C," a			must include "Limited
2. Delaware	3. 82	-1468093	
(Jurisdiction under the law of company is organized)	which foreign limited liability	(FEI mumber, if applicable)	
4. Upon Filing	(Date first transacted business in Flori (See sections 605,0904 & 605,0905, F.S.	la, if prior to registration.)	
5. 901 W Legacy Center W		to determine penalty hability)	
Midvale, UT 84047			
	(Street Address of Principal C	ffice)	
6. Same as above		÷.	ine Ye m
	(Mailing Address)		TEAN TO A
7. Name and street address	of Florida registered agent: (P.O. Box]	NOT acceptable)	AAA A
Name:	CT Corporation System		E S
Office Address:	1200 South Pine Island Road		
	Plantation	, Florida 33324	
•	(City)	(Zip code)	Or S
designated in this application to comply with the provision accept the obligations of m	wee. Istered agent and to accept service of proon, I hereby accept the appointment as a set of all statutes relative to the proper as a position as registered agent. C T Corporation System	registered agent and agree to act in this	s capacity. I further agree
***	(Registered agent		
· · · · · · · · · · · · · · · · · · ·	ity and address of the person(s) who has/ nd CFO, 901 W. Legacy Center Way, Mi		
Jeffrey L. Roberts, Exco.Vi	ce President, CFO and Treasurer, 901 W	. Legacy Center Way, Midvale, UT 840	47
Kelly J. Flint, Exec.Vice Pr	esident and Secretary, 901 W. Legacy C	enter Way, Midvale, UT 84047	
9. Attached is a certificate of jurisdiction under the law of of the translator must be sub-	of existence, no more than 90 days old, the which it is organized. (If the aeriificate omitted) Signature of an auth	is in a foreign language, a translation of	ustody of records in the the certificate under oath
This document is executed is submitted in a document to the su	in accordance with section 605,0203 (1) (the Department of State constitutes a third	b), Florida Statutes, I am aware that any I degree felony as provided for in s.817.	false information 155, F.S.
	Jeffrey L. Roberts	- Marie	

Delaware The First State

Page 1

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SAVAGE MARINE STAFFING, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

6405646 8300

SR# 20173862390

You may verify this certificate online at corp.delaware.gov/authver.shtml

Jaffrey M. Ruffech, Sporetary of Stats

Authentication: 202582210

Date: 05-22-17