(Re	questor's Name)	1
(Ad	dress)	
. (Ad	dress)	
(Cit	y/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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JUN 2 0 2017 Y SULKER CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 689849 5039778

. .

AUTHORIZATION

COST LIMIT : \$160.00

ORDER DATE : June 16, 2017

ORDER TIME : 10:05 AM

ORDER NO. : 689849-005

CUSTOMER NO: 5039778

FOREIGN FILINGS

NAME: PASSCO OCEAN MT, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

___ PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

COVER LETTER

. . .

TO:		ration Section n of Corporation	ns				
SUBJE		ssco Ocean MT,	LLC				
			Name of	Limited Liability	Company		
The end Existen	closed "A	pplication by For heck are submitte	eign Limited Liability Com d to register the above refer	pany for Authoriza enced foreign limi	ition to Tra ted liabilit	ansact Business in Florida," Cert y company to transact business i	ificate of n Florida.,
Please	return all	correspondence o	concerning this matter to the	following:			
		Amy Gianname	ore, Esq.				
			N	ame of Person			
		DLA Piper (US	S) LLP				
		· · · · · · · · · · · · · · · · · · ·	F	irm/Company			
		4365 Executive	Drive, Suite 1100				
				Address		*	
		San Diego, CA	92121				
			City/S	tate and Zip Code	· · · · · · · · · · · · · · · · · · ·		
		amy.giannamore	@dlapiper.com				
	-	·	E-mail address: (to be use	d for future annual	report not	tification)	
For furt	ther infor	mation concerning	g this matter, please call:				
	Amy G	iannamore		858 at (677-14	00	
		Name o	f Contact Person	Area Code	Day	time Telephone Number	
	Division Registra P.O. Bo	NG ADDRESS: n of Corporations ation Section x 6327 seee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section suilding ecutive Center Circle see, FL 32301	
Enclose		ck for the follow .00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Certific of Status & Certified Copy	atc

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	c	•	
1. Passco Ocean MT, LLo		lude "Limited Liability Company," "L.L.C.	20-411022
(Name of For	eigh Enniced Elabinty Company, must me	side Limited Liability Company, L.E.C.	, or LLC.)
(If name unavailable, enter a Liability Company," "L.L.C,	Iternate name adopted for the purpose of t	ransacting business in Florida. The alternate	e name must include "Limited
2. Delaware		3.	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applic	eable)
4. Upon filing			
	(Date first transacted business in (See sections 605.0904 & 605.0905	Florida, if prior to registration.) , F.S. to determine penalty liability)	
5. 2050 Main Street, Suit		· · · · · · · · · · · · · · · · · · ·	
Irvine, CA 92614			
	(Street Address of Princ	pal Office)	
6. 2050 Main Street, Suite	c 650		
Irvine, CA 92614			Ž s1
	(Mailing Addre	ess)	
7. Name and street addres	ss of Florida registered agent: (P.O. B	ox NOT acceptable)	JUN HASS
Name:	Corporation Service Company		SEL
Office Address:	1201 Hays Street	·	声等至而
	Tallahassee	, Florida 32301	87 9 0
	(City)	(Zip code	5 Ox
Registered agent's accep		Commence Country of the state of the state of	P = 1.5124
		of process for the above stated limited t as registered agent and agree to act i	
to complywith the provision	ons of all statutes relative to the prop	er and complete performance of my di	
accept the obligations of i	my position as registered agent. Corporation Service Company	1	Melissa Zender
	By:	1. Endoch	Asst. Vice President
	(Registered	ngent's signature)	
8. The name, title or capa	acity and address of the person(s) who	has/have authority to manage is/are:	
Passco Management Serv	• • • • • • • • • • • • • • • • • • • •		
2050 Main Street, Suite 6			·
Irvine, CA 92614			
			
9. Attached is a certificate jurisdiction under the law of the translator must be so	of which it is organized. (If the ecrtific	d, duly authenticated by the official have cate is in a foreign language, a translation	ring custody of records in the on of the certificate under oath
	S gnature of an	authorized person	
This document is executed submitted in a document to	I in accordance with section 605.0203	(1) (b), Florida Statutes. I am aware tha third degree felony as provided for in s	at any false information
and a governous to	Larry K. Sullivan, President	mina angline terony as browinger tot itt's	ourestally to the

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "PASSCO OCEAN MT, 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 FIFTEENTH DAY OF JUNE, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PASSCO OCEAN MT, LLC" WAS FORMED ON THE FOURTEENTH DAY OF JUNE, A.D. 2017.

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

Authentication: 202713568

Date: 06-15-17

6445932 8300 SR# 20174767017