

M17000006299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800301692808

DIVISION OF CORPORATIONS

17 JUL 25 AM 9:05

RECEIVED
17 JUL 25 AM 10:55
FILED

O SIMMONS
JUL 26 2017

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 738685 8090943

AUTHORIZATION *[Signature]*

COST LIMIT : \$ 125.00

ORDER DATE : July 24, 2017

ORDER TIME : 10:09 AM

ORDER NO. : 738685-005

CUSTOMER NO: 8090943

FOREIGN FILINGS

NAME: BIREME, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bireme, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Michelle Trepanier

Name of Person

IAP Worldwide Services, Inc.

Firm/Company

7315 N. Atlantic Avenue

Address

Cape Canaveral, FL 32920

City/State and Zip Code

michelle.trepanier@iapws.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Shaffner

321

784-7242

at ()

Name of Contact Person

Area Code

Daytime 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

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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. Bireme, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (F.I. number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 7315 N. Atlantic Avenue
(Street Address of Principal Office)
Cape Canaveral
Florida, 32920

6. 7315 N. Atlantic Avenue
(Mailing Address)
Cape Canaveral
Florida 32920

FILED
17 JUL 25 AM 9:05
DIVISION OF CORPORATIONS

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee Florida 32301
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

By: Corporation Service Company Melissa Zender
Asst. Vice President
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Chairman, Director</u>	<u>Douglas Kitani</u> <u>7315 N. Atlantic Avenue</u> <u>Cape Canaveral, FL 32920</u>	<u>President</u>	<u>Michael Bozeman</u> <u>7315 N. Atlantic Avenue</u> <u>Cape Canaveral, FL 32920</u>
<u>Director</u>	<u>Terrence DeRosa</u> <u>7315 N. Atlantic Avenue</u> <u>Cape Canaveral, FL 32920</u>	<u>Vice President</u>	<u>Thomas Karika</u> <u>7315 N. Atlantic Avenue</u> <u>Cape Canaveral, FL 32920</u>

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.

Michelle Trepanier
(Signature of an authorized person)

Michelle Trepanier

(Typed or printed name of signer)

8. Continued:

Secretary

Dustin Monokian
7315 N. Atlantic Avenue
Cape Canaveral, FL 32920

Asst Secretary

Michelle Trepanier
7315 N. Atlantic Avenue
Cape Canaveral, FL 32920

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BIREME, 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-FOURTH DAY OF JULY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BIREME, LLC" WAS FORMED ON THE THIRTEENTH DAY OF MAY, A.D. 2015.

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



5743127 8300

SR# 20175385283

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202938430

Date: 07-24-17