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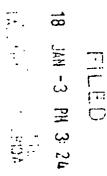
| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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COVER LETTER

TO:

| то: | Registration Section Division of Corporation | S | | | | |
|----------------------|--|---|---|--|---|----------------------------------|
| SUBJE | | ERICAS CRUISE RETAIL | LLC | | | |
| SUBJE | C1 | Name of I | Limited Liability (| Company | | |
| The enc Existence | losed "Application by Force, and check are submitted | eign Limited Liability Comp d to register the above refere | oany for Authoriza enced foreign limit | tion to Tra ed liability | unsact Business in Florida," C company to transact busines | Certificate of ss in Florida. |
| Please r | eturn all correspondence c | oncerning this matter to the | following: | | | |
| | Perry F. Soffern | nan, Esq. | | | | |
| | | N: | ime of Person | <u>.</u> | | |
| | Fowler White B | Burnett, P.A. | | | | |
| | | Fi | rm/Company | | | |
| | 100 Southeast 3 | ord Avenue, 21st Floor | | | | |
| | | | Address | | | |
| | Fort Lauderdald | e, Florida 33394 | | | | |
| | _ | City/S | tate and Zip Code | | | |
| | psofferman@fow | der-white.com | | | | |
| | | E-mail address: (to be used | for future annual | report not | ification) | |
| For furt | her information concerning | g this matter, please call: | | | | |
| | Perry F. Sofferman | | 954 at (| 377-81 | 44 | |
| | Name o | f Contact Person | Area Code | Day | time Telephone Number | |
| | MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 | | | Division Registrat Clifton B 2661 Exc | of Corporations ion Section uilding centive Center Circle see, FL 32301 | |
| Enclose | d is a check for the follow ☐ \$125.00 Filing Fee | ing amount: \$\Bigsim \frac{1}{2} \text{\$130.00 Filing Fee & Certificate of Status}\$ | □ \$155,00 Filin Certified Copy | ng Fee & | ☐ \$160.00 Filing Fee, Cer 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:

| (If name unavailable, enter alternate: | name adopted for the purpose of transacting business in Flo | ride. The s | liemete name must include "Lim | ited Liability C | ompeny," "L.L.C," or " | LLC.") |
|---|--|---|--|--|---------------------------------------|---------------------------|
| 2. DELAWARE | | | 38-4054961 | | | |
| (Jurisdiction under the law of v | thich foreign limited liability company is organized) | ٥. | (F | El number, if a | pplicable) | _ |
| 4 | (Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ | registration | <u> </u> | | _ | |
| 660 Dila Way | (See sections 605,0904 & 605,0905, F.S. to determ | and penalty | 550 Biltmore Way | | | |
| 5. Sto Biltmore Way (Succet Address of | Principal Office) | ٥. | (Mail | ing Address) | | _ |
| Suite 700 | | | Suite 700 | | | _ |
| Coral Gables, Florida | 33134 | | Coral Gables, Florida | 33134 | | |
| 7. Name and street addre | ss of Florida registered agent: (P.O. Box | NOT: | acceptable) | | | |
| Name: | Perry F. Sofferman, Esq., Fowler Whi | ite Burn | ett, P.A | | . | 18 |
| Office Address: | 100 Southeast 3rd Ave., 21st Floor | | | | : : | JAN |
| | Fort Lauderdale | | , Florida <u>3339</u> | 4 | | |
| | (City) | | | (Zip code) | | w |
| designated in this applic to comply with the provis | egistered agent and to accept service of ation, I hereby accept the appointment actions of all stututes relative to the properts of my position us registered arent. | is regist rand co | ered agent and agree t | to act in th | is capacity. ,I Ju | rther agree |
| designated in this applic to comply with the provis and accept the obligation | ation, I hereby accept the appointment of sions of all stututes relative to the properties of my position as registered arent. (Registered agent's | is regist rand co Mangiure) | ered agent and agree of the performance of the perf | to act in th of my dutie | is capacity. ,I Ju | rther ggree Iliar with |
| designated in this applic to comply with the provis and accept the obligation | ation, I hereby accept the appointment of sions of all stututes relative to the prope as of my positive us registered opens. | ns regist r and co PM Manylure) as/have | ered agent and agree of the performance of the perf | to act in the fact | is capacity. ,I Ju | rthe agree lliar with |
| designated in this applic to comply with the provi- and accept the obligation 8. The name, title or cap | ation, I hereby accept the appointment of sions of all statutes relative to the property of my position us registered agent. (Registered agent's appointment of the person of the perso | ns regist r and co PM Manylure) as/have | ered agent and agree of amplete performance of authority to manage is | to act in the fact | is capacity. I Ju es, and I am fam | rthe agree lliar with |
| designated in this applic to comply with the provi- and accept the obligation 8. The name, title or cap <u>Title or Capacity:</u> | ation, I hereby accept the appointment of sions of all statutes relative to the properties of my position as registered agent. (Registered agent's pacity and address of the person(s) who have and Address: | r and co | ered agent and agree of amplete performance of authority to manage is | to act in the fact | is capacity. I Ju es, and I am fam | rthe agree lliar with |
| designated in this applic to comply with the provi- and accept the obligation 8. The name, title or cap <u>Title or Capacity:</u> | nation, I hereby accept the appointment of sions of all statutes relative to the properties of my position as registered agent. (Registered agent's pacity and address of the person(s) who is Name and Address: Nadine Heubel 550 Bilimore Way, Suite 700 | r and co | ered agent and agree of amplete performance of authority to manage is | to act in the fact | is capacity. I Ju es, and I am fam | rthe agree lliar with |
| designated in this applic to comply with the provi- and accept the obligation 8. The name, title or cap <u>Title or Capacity:</u> | nation, I hereby accept the appointment of sions of all statutes relative to the properties of my position as registered agent. (Registered agent's pacity and address of the person(s) who is Name and Address: Nadine Heubel 550 Bilimore Way, Suite 700 | r and co | ered agent and agree of amplete performance of authority to manage is | to act in the fact | is capacity. I Ju es, and I am fam | rthe agree lliar with |
| designated in this applic to comply with the provisand accept the obligation 8. The name, title or capacity: President (Use attachments if necessity in the compacity in the compacity) in the compacity in the | nation, I hereby accept the appointment of the sions of all statutes relative to the property of my position as registered agent. (Registered agent's pacity and address of the person(s) who is a national state of the person o | as regist rand co | authority to manage is itle or Capacity: | /are: | and I am fam | ss: |
| designated in this applic to comply with the provisand accept the obligation 8. The name, title or capacity: President (Use attachments if necessary acceptions) | nation, I hereby accept the appointment of the property of all statutes relative to the property of my position us registered agent. (Registered agent's pacity and address of the person(s) who have and Address: Nadine Heubel 550 Bilmore Way, Suite 700 Coral Gables, Florida 33134 ssary) e of existence, no more than 90 days old, of which it is organized. (If the certifications) | as/have | authority to manage is itle or Capacity: | /are: | ame and Addre | ss: |
| designated in this applicate to comply with the provisand accept the obligation. 8. The name, title or capacity: President (Use attachments if neces of the translator must be seen application under the law of the translator must be seen acceptance.) | nation, I hereby accept the appointment of the property of all statutes relative to the property of my position us registered agent. (Registered agent's pacity and address of the person(s) who have and Address: Nadine Heubel 550 Bilmore Way, Suite 700 Coral Gables, Florida 33134 ssary) e of existence, no more than 90 days old, of which it is organized. (If the certifications) | as/have | authority to manage is itle or Capacity: athenticated by the office a foreign language, a tree felony as provided | /are: Cial having ranslation of the form s.81 | ame and Addre | ss: |



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

DELAWARE, DO HEREBY CERTIFY "HEINEMANN AMERICAS CRUISE RETAIL 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 TWENTIETH DAY OF DECEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HEINEMANN AMERICAS CRUISE RETAIL LLC" WAS FORMED ON THE THIRD DAY OF NOVEMBER, A.D. 2017.



Authentication: 203802374

Jeffrey W. Budlocs, Secretary of State

Date: 12-20-17

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