

MI 8000001621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

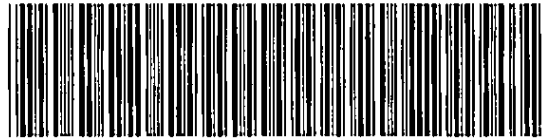
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

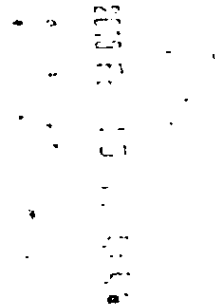
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FEB 15 2019
J. HARRIS

WIS-12345

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TALON MARITIME, 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:

SUSAN BEREL

Name of Person

BEREL & MURPHY CPA PLLC

Firm/Company

1308 BIENVILLE BLVD

Address

OCEAN SPRINGS, MS 395654

City/State and Zip Code

susan@berelcpa.com

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

For further information concerning this matter, please call:

SUSAN BEREL

228

284-1491

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 7, 2018

SUSAN BEREL
BEREL & MURPHY CPA PLLC
1308 BEINVILLE BLVD
OCEAN SPRINGS, MS 39564

SUBJECT: TALON MARITIME, LLC
Ref. Number: W18000012319

We have received your document for TALON MARITIME, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

See attached

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 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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 118A00002596

RECEIVED

FEB 15 2018

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. TALON MARITIME, 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. MISSISSIPPI
(Jurisdiction under the law of which Foreign Limited Liability company is organized)

3. 82-3882241
(FEI number, if applicable)

4. 01/29/2018
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 6043 HWY 63 STE 1
(Street Address of Principal Office)
MOSS POINT, MS 39563

6. 6043 HWY 63 STE 1
(Mailing Address)
MOSS POINT, MS 39563

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

Name: ROBERT GAILLARD

Office Address: 7622 VANDALAY DR

JACKSONVILLE, Florida 32244
(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.


(Registered agent's signature)

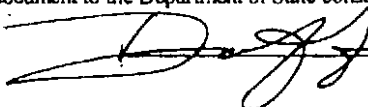
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
MEMBER	DAVE GRIFFIN 6043 HWY 63 STE 1 MOSS POINT, MS 39563		
MEMBER	JOSH GRIFFIN 6043 HWY 63 STE 1 MOSS POINT, MS 39563		

(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.


Signature of an authorized person

DAVE GRIFFIN
Typed or printed name of signer



DELBERT HOSEMANN
Secretary of State

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

TALON MARITIME, LLC

Registered the 4th day of January, 2018

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

145 Main Street
Biloxi, MS 39530

And that the registered agent at that address is:

Nicholas Van Wiser

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office
the 5th day of February, 2018

C. Delbert Hosemann, Jr.

C. DELBERT HOSEMANN, JR.
Secretary of State

Certificate Number: CN18047816

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>