

M18000001998

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

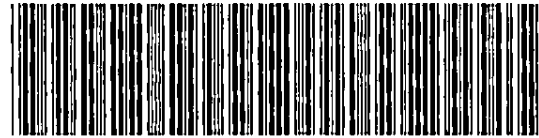
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

J. LEGGETT  
FEB 27 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 12, 2018

KEN DUBOW  
2699 S BAYSHORE DRIVE  
MIAMI, FL 33133 US

SUBJECT: SEAMLEV ATLANTIC TRACTOR, LLC  
Ref. Number: W18000013795

We have received your document for SEAMLEV ATLANTIC TRACTOR, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with 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.

Judy A Leggett  
Regulatory Specialist II  
Registration Section

Letter Number: 218A00002903

RECEIVED  
FEB 27 2018

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SEAMLEV ATLANTIC TRACTOR, 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:

KEN DUBOW

\_\_\_\_\_  
Name of Person

KAUFMAN ROSSIN

\_\_\_\_\_  
Firm/Company

2699 S BAYSHORE DRIVE

\_\_\_\_\_  
Address

MIAMI, FL 33133

\_\_\_\_\_  
City/State and Zip Code

KDUBOW@KAUFMANROSSIN.COM

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

For further information concerning this matter, please call:

KEN DUBOW

305  
at ( )

858-5600

\_\_\_\_\_  
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. SEAMLEV ATLANTIC TRACTOR, 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

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 81-3722059

(FEI number, if applicable)

4. 1/1/2018

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

5. 5495 HAMMOCK DRIVE

(Street Address of Principal Office)

CORAL GABLES, FL 33156

6. 5495 HAMMOCK DRIVE

(Mailing Address)

CORAL GABLES, FL 33156

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

Name: KAUFMAN ROSSIN

Office Address: 2699 S BAYSHORE DRIVE

MIAMI

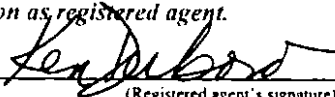
(City)

Florida 33133

(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:

GEN PARTNER

ERIC T LEVIN

5495 HAMMOCK DRIVE

CORAL GABLES, FL 33156

(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 \_\_\_\_\_ as provided for in s.817.155, F.S.

DocuSigned by:

2853044DACE8472  
Signature of an authorized person

ERIC T LEVIN

Typed or printed name of signee

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18 FEB 26 PM 1:03  
CLERK OF CIRCUIT COURT  
JACKSONVILLE, FLORIDA

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "SEAMLEV ATLANTIC TRACTOR, 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 SEVENTH DAY OF FEBRUARY, A.D. 2018.



6084640 8300

SR# 20180799037

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

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

Authentication: 202107804

Date: 02-07-18