Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000153660 3)))



H180001536603ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

and the second second

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081

Phone : (307)200-2803

Fax Number : (855)330-1016

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address planse.\*\* or

Ema:	i 1	Δdd	res	c .

		•	
mail A	ddress:	•	

## Foreign Limited Liability Company Southeast Waterjet Services, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu — Corporate Filing Menu

Help

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING SUBMITTED TO REGISTER A FOREIGN, LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

nama unavailable autos altases	came adopted for the purpose of transacting business in	Florido Cha	tenute pants may	a include "I instead f is	biliny Company, ""L. I. C." or "L.C.
Minnesota	earth seedured on the landson, or emergened into the 25 ld		87-0996		anny amin'ny tative i 10 lite
	hich foreign limited fiability company is organized)	5.	0, 0000		per, if applicable)
N/A					
1477	(Date first transacted business in Florida, if piro (See sections 605 0904 & 605 0905, F.S. to dei	r to registration	(inbilay)	<del>, ,</del>	<del></del>
7355 Commercia				Rocky Poin	Dr.
(Street Address of	Principal Office)	0.		(Mailing Add	
Fort Pierce, FL 3495	1		STE 150		The state of the s
			Tanpa, i	FL 33607	
Name and street address	ss of Florida registered agent: (P.O. E		acce;:table)		一个位 宝宝
Name:	Northwest Registered Ager	nt, LLC.			1,1
Office Address:	3030 N. Rocky Point Dr. ST	<b>TE</b> 150A			28
Office Address.				., 33607	
	Tampa	<u> </u>		rida 33607	6 <sup>13</sup>
nd accept the obligation	s of my position as registered agent.	per ana co	mplete perfe	ormance of my	duties, and I am familia
nd accept the obligation	or Glove (Registered agent.		mplete perfe	ormunce of my	duties, and I am familia
. The name, title or cap	(Registered agent. (Registered agent)	nn's signature) 5 has/have	authority to	manage is/are:	Name and Address:
The name, title or cap <u>Title or Capacity:</u>	acity and address of the person(s) who	nn's signature) 5 has/have		manage is/are:	
3. The name, title or cap	(Registered agent. (Registered agent)	nn's signature) 5 has/have	authority to	manage is/are:	
. The name, title or cap <u>Title or Capacity:</u>	acity and address of the person(s) who  Name and Address:  Brian Gleeson	nn's signature) 5 has/have	authority to	manage is/are:	
. The name, title or cap <u>Title or Capacity:</u>	acity and address of the person(s) who  Name and Address:  Brian Gleeson  555 Barge Channel Rose	nn's signature) 5 has/have	authority to	manage is/are:	
The name, title or cap <u>Title or Capacity:</u>	acity and address of the person(s) who  Name and Address:  Brian Gleeson  555 Barge Channel Rose	nn's signature) 5 has/have	authority to	manage is/are:	
3. The name, title or cap <u>Title or Capacity:</u>	acity and address of the person(s) who  Name and Address:  Brian Gleeson  555 Barge Channel Rose	nn's signature) 5 has/have	authority to	manage is/are:	
3. The name, title or cap <u>Title or Capacity:</u>	Registered agent.  (Registered agent.  (Regist	nn's signature) 5 has/have	authority to litle or Capa	manage is/are:	
3. The name, title or cap  Title or Capacity:  Member  Use attachments if neces	(Registered agent.  (Regis	o has/have T	authority to litle or Capa	manage is/are:	Name and Address:
The name, title or cap  Title or Capacity:  Member  Use attachments if neces	Registered agent.  (Registered agent.  (Regist	o has/have  T	authority to litle or Capa	manage is/are: icity:  /	Name and Address:
3. The name, title or cap  Title or Capacity:  Member  Use attachments if neces	Registered agent.  (Registered agent.  (Regist	o has/have  T	authority to litle or Capa	manage is/are: icity:  /	Name and Address:
3. The name, title or cap  Title or Capacity:  Member  Use attachments if neces  Attached is a certificate or salication under the law  If the translator must be salicated.	Registered agent.  (Registered agent.  (Regist	o has/have  T  old, duly au icate is in a	authority to litle or Capa	manage is/are: icity:  / /  by the official h guage, a transla	Name and Address:
3. The name, title or cap  Title or Capacity:  Member  Use attachments if neces  Attached is a certificate arisdiction under the law of the translator must be s  0. This document is executed.	Registered agent.  (Registered agent.  (Regist	o has/have  T  old, duly au icate is in a	authority to litle or Capa	manage is/are: icity:  by the official h guage, a transla atutes. I am awa	Name and Address:  uving custody of records tion of the certificate under that any false information.
3. The name, title or cap  Title or Capacity:  Member  Use attachments if neces  Attached is a certificate or isdiction under the law of the translator must be s  0. This document is executive.	Registered agent.  (Registered agent.  (Regist	old, duly au icate is in a	authority to itle or Capa	manage is/are: icity:  by the official h guage, a transla  atutes. I am awa provided for in	Name and Address:  uving custody of records tion of the certificate uncorrecthat any false informations.817.155, F.S.
3. The name, title or cap  Title or Capacity:  Member  Use attachments if neces  Attached is a certificate or isdiction under the law of the translator must be s  0. This document is executive.	Registered agent.  (Registered agent.  (Regist	old, duly au icate is in a	authority to itle or Capa	manage is/are: icity:  by the official h guage, a transla atutes. I am awa	Name and Address:  uving custody of records tion of the certificate uncorrecthat any false informations.817.155, F.S.
3. The name, title or cap  Title or Capacity:  Member  Use attachments if neces  Attached is a certificate or isdiction under the law of the translator must be s  0. This document is executive.	Registered agent.  (Registered agent.  (Regist	old, duly au icate is in a	authority to itle or Capa	manage is/are: icity:  by the official h guage, a transla  atutes. I am awa provided for in	Name and Address:  uving custody of records tion of the certificate uncorrecthat any false informations.817.155, F.S.
3. The name, title or cap  Title or Capacity:  Member  Use attachments if neces  Attached is a certificate or isdiction under the law of the translator must be s  0. This document is executive.	Registered agent.  (Registered agent.  (Regist	old, duly au icate is in a	authority to litle or Capa  Althority to litle or Capa  Al	manage is/are: icity:  by the official h guage, a transla  atutes. I am awa provided for in	Name and Address:  uving custody of records tion of the certificate uncorrecthat any false informations.817.155, F.S.

## Office of the Minnesota Secretary of State Certificate of Good Standing

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:

Southeast Waterjet Services, LLC

Date Filed:

03/21/2017

File Number:

941836700023

Minnesota Statutes, Chapter:

322C

Home Jurisdiction:

Minnesota

This certificate has been issued on:

05/17/2018

e:

Steve Simon

Secretary of State

State of Minnessta

