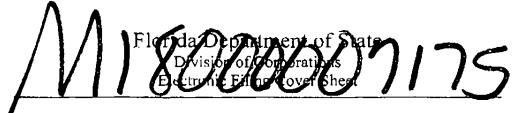
Division of Corporations

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(((H18000226486 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6363

From:

Account Name : AGENTS AND CORPORATIONS, INC Account Number : I20010000112

Phone : (302) 575-0875 Fax Number : (302) 575-1642

**Enter the email address for this business entity to be used from fully annual report mailings. Enter only one email address please; **

Email Address:

Foreign Limited Liability Company EMI Maritime Consultants LLC



Certificate of Status	0	
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Page Count	01	
Estimated Charge	\$125.00	

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. EMI Maritime Consult (Name of Foreign	ants LLC Limited Liability Company, must include "Limited Liabilit	y Company," "L.L.C.," or "ELC")		
(Uname manufable enter alleman n	ame adopted for the purpose of transnating business in Florida. The a			
2 DELAWARE			kly Company," "L.L.C.," or "LLC")	
	bich foreign limited limiting company is organized)		r, if applicable)	
4 UPON QUALIFICAT	ION			
4.	(Date first (tansauted husiness in Florida, (Fprior to regiseration (See sections 605 0904 & 605 0903, F.S. to determine penalty	L)		
5.		Eur waritima Cone	ultants	
Street Address of Principal Office) 6.		(Meiting Addre	(Muiting Address)	
11427 Gravelly take or SW Lakewood WA 98110		c/o Chris Hammond 321 High School Rd NS 6TE 03		
		PMB 345	PMB 345 Bainbridge Island WA 98110	
		·	WA 90110	
7. Name and street address	ss of Florida registered agent: (P.O. Box NOT)	acceptable)		
Name:	AGENTS AND CORPORATIONS, INC.		三三十二	
Office Address:	300 FIFTH AVENUE SOUTH, STE 101-330		F. S. = 71	
Office Adoless.			5 =	
	NAPLE (City)	, Florida 34102	— <a>% <a>5 <a>m	
Registered agent's accep	· ••	(21p code		
to comply with the provis-	ction, I hereby accept the appointment as registions of all statutes relative to the proper and costs of my position as registered agent. (Registered agent's signame)			
8. The name, title or caps Title or Capacity;	ncity and address of the person(s) who has/have Name and Address: T	uuthority to manage is/are:	Name and Address:	
Chris	EMI Maritime Consultants			
Hammond,	c/o Chris Hammond			
Owner	3 <u>21 High School Rd NE STE</u> D3 PMB 345 Bainbridge Island WA 98110			
	-			
(Use attachments if neces	sary)			
9. Attached is a certificate jurisdiction under the law of the translator must be s	of existence, no more than 90 days old, duly au of which it is organized. (If the certificate is in a ubmitted)	thenticated by the official hos a foreign language, a translati	ring custody of records in the on of the certificate under outh	
	uted in accordance with section 605,0203 (1) (b) the Department of State constitutes a third degree of the Department of State constitutes a start degree of the state of the	ree felony as provided for in s		
	Signenee of an much	person		
	Christopher }	1ammond		
	Typed or printed a	arms of signature		

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "EMI MARITIME CONSULTANTS 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 THIRD DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EMI MARITIME CONSULTANTS LLC" WAS FORMED ON THE SEVENTEENTH DAY OF MAY, A.D. 2018.

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

Authentication: 203185474

Date: 08-03-18