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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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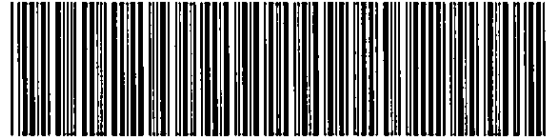
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 SEP 19 PM 2:08
CLERK OF STATE
TALLAHASSEE, FLORIDA

n BRUCE
SEP 19 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUNSHINE SHIPYARD, 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:

CAROLINA NORONHA

Name of Person

FUSE GROUP INVESTMENT COMPANIES

Firm/Company

900 NW 6TH STREET, SUITE 201

Address

FORT LAUDERDALE, FL 33311

City-State and Zip Code

CAROLINA@FUSEGROUPCO.COM

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

For further information concerning this matter, please call:

CAROLINA NORONHA

954

926-7500

Name of Contact Person

at ()

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 SEP 19 PM 2:00

FILED

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. SUNSHINE SHIPYARD, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")
SUNSHINE SHIPYARD-FL, 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 3. 32-0565264
(Jurisdiction under the law of which foreign limited liability company is organized) (EFT number, if applicable)
4. 4/16/18
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability)
5. 900 NW 6TH STREET, SUITE 201 6. 900 NW 6TH STREET, SUITE 201
(Street Address of Principal Office) (Mailing Address)
FORT LAUDERDALE, FL 33311 FORT LAUDERDALE, FL 33311

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

Name: MICHAEL S. FOELSTER, ATTORNEY AT LAW
Office Address: 400 SOUTH DIXIE HIGHWAY, SUITE 420
BOCA RATON, Florida 33432
(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 and 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:
<u>MANAGING MBR</u>	<u>EYAL PERETZ</u> <u>900 NW 6TH ST., SUITE 201</u> <u>FT LAUDERDALE, FL 33311</u>		

(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)

EYAL PERETZ

(Typed or printed name of signer)

FILE
2018 SEP 19 PM 5:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SUNSHINE SHIPYARD 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 EIGHTEENTH DAY OF SEPTEMBER, A.D. 2018.



6842724 8300

SR# 20186615744

You may verify this certificate online at corp.delaware.gov/authver.shtml

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

Authentication: 203440667

Date: 09-18-18