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Electronic Filing Menu

Estimated Charge

Corporate Filing Menu

Help

COVER LETTER

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MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle					
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605 0402, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: POSEIDON FERRY 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," 3. 83-3861243 (FEI rumber, if applicable) (Jurisdiction under the has of which foreign limited liability company is organized) 6. 33 Warwick Road 3147 Deer Trl (Mailing Address) (Street Address of Principal Office) Pawtucket, Rhode Island 02861 Deland, Florida 32724 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) United States Corporation Agents, Inc. Name 13302 Winding Oak Court Suite A Office Address: , Florida 33612 Tampa 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. U. 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. Chevenne Moscley, Assistant Secretary on behalf of United States Corporation Agents, Inc. - (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: Name and Address: Title or Capacity: Johnathan C. Silvia AMBR 33 Warwick Road Pawtucket, Rhode Island 02861 (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 philip degree felony as provided for in s.817.155, F.S. KIRWME

Typed or printed name of signer

Johnathan C. Silvia

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "POSEIDON FERRY 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 MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "POSEIDON FERRY LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF FEBRUARY, A.D. 2019.

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

2019 MAY 16 PM 4: 37

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Authentication: 202775270

Date: 05-07-19

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