## N190005853

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer.							

Office Use Only



700329983497

19 MAY 29 AH 10: 34 SEC FLORIDA

Y SCOTT May 3 0 2019 CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 782309

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : May 28, 2019

ORDER TIME : 9:16 AM

ORDER NO. : 782309-005

CUSTOMER NO: 5042676

\_\_\_\_\_\_\_

FOREIGN FILINGS

NAME: SEARIVER MARITIME LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

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

IN COMPLIANCE WITH SECTION 605,6902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

SeaRiver Maritime L	LC						
(Name of Foreign	Limited Liability Company; must include "	Limited Liabilit	y Company,"	"L L C ," or "LLC	`.")		
Jasr Maritime LLC							
(If name unavailable, enter alternate r	name adopted for the purpose of transacting busines	s in Florida. The a	diemate name n	nist include "Limited	Liability Company	," "L.L.C." e	<del>и "LLС</del> ")
DE 2.		3					
(Jurisdiction under the law of which foreign limited liability company is organized)		<u>.</u> 5.		(FE) m	unber, if applicable	e)	
1		į					
ч.	(Date first transacted business in Florida, if p (See sections 605,0904 & 605,0905, F.S. to	rior to registration determine penalty	ı) liability)				
22777 Springwoods Village Parkway		6.	22777 S	oringwoods V	illage Parkw	/ay	
(Street Address of Principal Office)		0.	(Mailing Address)				<del></del>
Spring, TX 77389			Spring, T		ALLA	·i 😑	
					IHASS.	) <del> </del>	TI
	· · · · · · · · · · · · · · · · · · ·						
7. Name and street address	ss of Florida registered agent: (P.O.	Box <u>NOT</u> :	acceptable)		OF STATE, FLORID	.: H	ED
Name:	Corporation Service Company				JA S	36	
Office Address:	1201 Hays Street						
	Tallahassee		, FI	32301 orida			
	(Cuy)		<del></del>	(Zip c	code)		
Registered agent's accep	tance:						

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.

Corpbration Service Company
By:

(Registered agent's signature)

Roxanne Turner
Asst. Vice President

8. For initial index manage [up to six (6	ing purposes, list names, title or capacity an	d addresses of the primary i	nembers/man	agers or persons authorized to
Title or Capacity:	Name and Address:	Title or Capacity	<u>:</u>	Name and Address:
Manager	Name: SeaRiver Maritime, Inc.	Manager Manager	Name:	
×Member	Address: 22777 Springwoods Village Parkway	Member	Address: _	
Authorized	Spring TX 77389	Authorized		
Person		Person	<del></del>	
Other	Other	Other		Other
Manager	Name:	Manager	Name:	
Member	Address:	Member	Address:	2019
Authorized		Authorized		AR A
Person		Person		IL Y 29
Other	Other	Other		Other
				LORIDA
Manager	Name:	Manager	Name:	
Member	Address:	Member	Address:	
Authorized		Authorized		
Person		Person		
Other	Other	Other		Other
9. Attached is a certifurisdiction under the of the translator must 10. This document is	s executed in accordance with section 605.0 ment to the Department of State constitutes a local by:  Ludrw B. Hayes	Florida Department of Statild, duly authenticated by the cate is in a foreign language 203 (1) (b), Florida Statutes	e Annual Rep e official having e, a translation e. I am aware t	ort form.  Ing custody of records in the of the certificate under oath that any false information
		d or printed name of signee		

## <u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY "SEARIVER MARITIME 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 TWENTY-EIGHTH DAY OF MAY, A.D. 2019.

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

ZOIS MAY 29 PM 4: 36
TALLAHASSEE, FINGER

Authentication: 202909542

Date: 05-28-19

5083864 8300 SR# 20194679544