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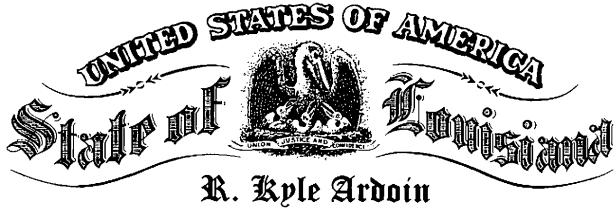
| TO: | | ation Section 1 of Corporations | ; | | ٠ | | | | ζ. |
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| SUBJI | YE FCT: | LLOW FIN MAR | INÈ CONSULTING, L.L.C | S. | | | | · | • |
| (7(7)) | | | Name of I | imited Liability C | Company | | | | |
| | | | ign Limited Liability Comp to register the above refere | | | | | | |
| Please | return all | correspondence co | oncerning this matter to the | following: | | | | | |
| | | Gerard J. Bourge | eois | | | TALL MASSEC | 10 PM 4: 42 | | |
| | | | Na | me of Person | | 11.5 | , ç | | |
| | | Bourgeois Law, | LLC. | | | (0) (1) (1) | 0 2 | | |
| | | | 1ºin | rm/Company | | TI. | <u> </u> | ì | |
| | | 704 Front Street | P.O. Box 1688 | | | FLORIO | 42 | | |
| | | | | Address | _ | ~ | | | |
| | | Morgan City, L | N 70380 | | | | | | |
| | | | City/St | ate and Zip Code | | | | | |
| | | leah@bourgeoisla | | | | | | | |
| | • | | E-mail address: (to be used | for future annual | report notificat | ion) | | | |
| For fu | rther infori | nation concerning | this matter, please call: | | | | | | |
| | Gerard | J. Bourgeois | | 985 at (| 384-2055 | | | | |
| | - | Name of | Contact Person | Area Code | Daytime | Telephone N | lumber | | |
| | Division Registra P.O. Bo | NG ADDRESS: n of Corporations ation Section ox 6327 ssee, FL 32314 | | | STREET ADI Division of Co Registration So Clifton Buildin 2661 Executiv Tallahassee, F | rporations ection ig e Center Cir | cle | | |
| Enclos | | eck for the followi .00 Filing Fee | ng amount: \$130.00 Filing Fee & Certificate of Status | □ \$155.00 Filir Certified Copy | | \$160.00 Filii Status & Cer | | | 2 |

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:

| | Limited Liability Company; must include "Lir | Plant 96 de | 2 4 4 4 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Linksin Comment of LCP cont. |
|--|--|--|---|--|
| | ame adopted for the purpose of transacting business in | | | craomity Company, "LLC, or "LLC. |
| HOUMA, LOUISIANA | uch foreign limited hability company is organized) | 3. 46- | 2490126 (Elito | sumber, (f applicable) |
| | and the second s | | (* **** | |
| . 09/06/2019 | | | | |
| | (Date first transacted business in Florida, if pric (See sections 605,0904 & 605,0905, F.S. to det | or to registration.) termine penalty liability | ·) | 71. |
| 2043 COTEAU ROAD | | 6. P.O. | BOX 1840 | 17VII. |
| (Street Address of P | rinespal Office) | | (Marind V | |
| HOUMA, LA 70364 | | <u> </u> | NY, LA 70359 | |
| | | | | <u> </u> |
| | | | | |
| . Name and street address | s of Florida registered agent: (P.O. E | Box <u>NOT</u> accep | table) | M 4: 42 |
| Name: | Registered Agent Solutions, Inc. | | | D M 4: 42 |
| 1.4 | record by D. S. A. | | _ | ア |
| Office Address: | 155 Office Plaza Dr., Ste. A | | _ | |
| | Tallahassee, | | , Florida <u>32301</u> | |
| Registered agent's accept | (City) | · · · | (Zip | code) |
| lesignated in this applicate comply with the provision | gistered agent and to accept service ion, I hereby accept the appointment ons of all statutes relative to the property of my position as registered agent. | nt as registered of per and complete | agent and agree to a te performance of n | act in this capacity. I further ny duties, and I am familian |
| lesignated in this applicate of comply with the provision accept the obligations 8. The name, title or capa | gistered agent and to accept service ion, I hereby accept the appointment ons of all statutes relative to the project of my position as registered agent. A | Jaclyn W nt's signature) has/have autho | right, Asst. Secre | nct in this capacity. I furthenly duties, and I am familian etary |
| lesignated in this applicate ocomply with the provision of accept the obligations | gistered agent and to accept service ion, I hereby accept the appointment ons of all statutes relative to the project of my position as registered agent. | Jaclyn W nt's signature) has/have autho | ngent and agree to a te performance of n right, Asst. Secre | nct in this capacity. I furthenly duties, and I am familian |
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| designated in this applicate to comply with the provision of accept the obligations. B. The name, title or capa Title or Capacity: Agent Mmbr Use attachments if necess. Attached is a certificate | gistered agent and to accept service from, I hereby accept the appointment ons of all statutes relative to the project of my position as registered agent. Compared to the project of my position as registered agent. | Jaclyn W nt's signature) has/have autho Title of Mgr | right, Asst. Secre | etary Name and Address: Michael Bailey 2043 Coteau Rd Houma, LA 70360 |
| designated in this applicate to comply with the provision of accept the obligations. B. The name, title or capa Title or Capacity: Agent Minbr (Use attachments if necess) Attached is a certificate carisdiction under the law of the translator must be sufficient or complete. | gistered agent and to accept service tion, I hereby accept the appointment ons of all statutes relative to the project of my position as registered agent. A Company Duffene 300 Everett St. Morgan City LA John Cosgrove 2043 Coteau Rd Houma, LA 70360 sary) of existence, no more than 90 days of which it is organized. (If the certificientited) | Jaclyn W Taclyn W Title of Mgr Id, duly authenticate is in a force | right, Asst. Secre rity to manage is/arc r Capacity: cated by the official gn language, a trans | etary Name and Address: Name and Address: Michael Bailey 2043 Coteau Rd Houma, LA 70360 having custody of records in lation of the certificate under |
| designated in this applicate to comply with the provision of accept the obligations. B. The name, title or capa Title or Capacity: Agent Minbr (Use attachments if necess) Attached is a certificate carisdiction under the law of the translator must be sure. O. This document is executed. | gistered agent and to accept service tion, I hereby accept the appointment ons of all statutes relative to the project of my position as registered agent. Registered age city and address of the person(s) who Name and Address: Barry Dufrene 300 Everett St. Morgan City LA John Cosgrove 2043 Coteau Rd Houma, LA 70360 sary) of existence, no more than 90 days of which it is organized. (If the certificibinitted) atted in accordance with section 605.0 the Department of State constitutes a | Jaclyn W Title or Mgr Id, duly authenticate is in a forci | right, Asst. Secre rity to manage is/arc r Capacity: cated by the official gn language, a trans rida Statutes. I am av ony as provided for | etary Name and Address: Name and Address: Michael Bailey 2043 Coteau Rd Houma, LA 70360 having custody of records in lation of the certificate under that any false information in s.817.155, F.S. |
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Typed or printed name of signed



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby, Certify that

YELLOW FIN MARINE CONSULTING, L.L.C.

A limited liability company domiciled in HOUMA, LOUISIANA,

Filed charter and qualified to do business in this State on March 18, 2013,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

September 17, 2019

CONFIDENCE STE

Certificate ID: 11120581#6DF52

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov

/L 12fe No. Secretary of State

Web 41117933K