

MI900010820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

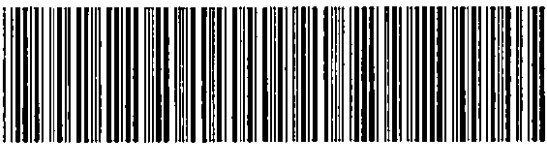
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 NOV -7 PM 4:37
HARRIS COUNTY CLERK'S OFFICE

2019 NOV -7 PM 4:37
HARRIS COUNTY CLERK'S OFFICE

✓

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 038984 7911860
AUTHORIZATION : *[Signature]*
{ COST LIMIT : \$ 130.00 }

2019 NOV -7 PM 4:37
TALLAHASSEE, FL 32301

ORDER DATE : November 7, 2019
ORDER TIME : 3:40 PM
ORDER NO. : 038984-005
CUSTOMER NO: 7911860

FOREIGN FILINGS

NAME: SHIP STORE 52, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ship Store 52, 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:

Pat Harris

Name of Person

U.S. Immigration Fund, LLC

Firm/Company

115 Front Street, Suite 300

Address

Jupiter, FL 33477

City/State and Zip Code

pat@ustfund.com

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

For further information concerning this matter, please call

Pat Harris

561

(202) 904-20

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:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

☐ \$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

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 Ship Store 52, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "L.L.C.")

(If none available, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

Delaware

2.

(Jurisdiction under the law of which foreign limited liability company is organized)

84-3468459

3.

(FEI number, if applicable)

4.

(Over first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine priority boundary)

115 Front Street

5.

(Mailing Address of Principal Office)

Suite 300

Jupiter, FL 33477

115 Front Street

6.

(Mailing Address)

Suite 300

Jupiter, FL 33477

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

Name: Donald M. Allison, Esquire

Office Address: 720 E. Palmetto Park Road

Boca Raton

33472

(City)

Florida

(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 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.

(Registered agent's signature)

* For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

Title or Capacity: **Name and Address:**

☐ Manager Name NM/KC Blowing Rocks JV, LLC

☒ Member Address 115 Front St, Suite 300

☐ Authorized Jupiter, FL 33477

Person Nicholas A. Mastroianni, II

☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ Other ☐ Other

☒ Manager Name Nicholas A. Mastroianni, II

☐ Member Address 115 Front St, Suite 300

☐ Authorized Jupiter, FL 33477

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

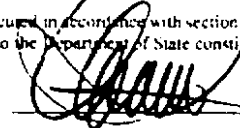
Person

☐ Other ☐ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 authorized person

Nicholas A. Mastroianni, II

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SHIP STORE 52, 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 NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SHIP STORE 52, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF OCTOBER, A.D. 2019.

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




Jeffrey W. Bullock, Secretary of State

7668300 8300

SR# 20197971841

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

Authentication: 203958309

Date: 11-07-19

COVER LETTER

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Division of Corporations**

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