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JAN 02 2020 M. SOLOMON CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	I200000001	.95
	REFERENCE	:	105066	8127786
	AUTHORIZATION	:		
	COST LIMIT	: <b>-</b>	\$ 1180.00	
ORDER DATE :	December 17, 201	9		
ORDER TIME :	2:03 PM			
ORDER NO. :	105066-010			
CUSTOMER NO:	8127786			
		- <b></b>	- <b>-</b>	
	<u>FOREIGN F</u>	ILI	NG <u>S</u>	
NAME:	BLUE HARVEST	FIS	HERIES, LLC	:

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY \_\_\_\_\_ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Kadesha Roberson -- EXT# 62980

XXXX QUALIFICATION (TYPE: <u>LL</u>)

EXAMINER:	

#### **COVER LETTER**

TO:	Registration Section Division of Corporation	ons				
SUBJE	Blue Harvest Fishe	ries, LLC				
		Name of	Limited Liability	Company		
The en- Existen	closed "Application by Force, and check are submitted	reign Limited Liability Com ed to register the above refer	pany for Authoriz enced foreign lim	ation to Tr ited liabilit	ansact Business in Florida," C cy company to transact busines	Pertificate of ss in Florida.
Please	return all correspondence	concerning this matter to the	following:			
	Charles E Wil	son Jr				
		N	ame of Person			
	Blue Harvest l	Fisheries, LLC				
	<del></del>	F	irm/Company			
	40 Herman Me	elville Blvd				
			Address			
	New Bedford,	MA 02740				
		City/S	tate and Zip Code			
	chip.wilson@bh	fisheries.com				
		E-mail address: (to be used	d for future annua	report no	tification)	
For furt	her information concerning	g this matter, please call:				
	Chip Wilson		508 at (	991-64	24	
	Name	of Contact Person	Area Code	_/ Day	time Telephone Number	
	MAILING ADDRESS: Division of Corporation: Registration Section P.O. Box 6327 Tallahassee, FL 32314	Š		Division Registrat Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding coutive Center Circle ee, FL 32301	
Enclose	d is a check for the follow □ \$125.00 Filing Fee	ring amount:  \$\square \text{\$\square\$ \text{\$\square\$ \text{\$\square\$ Certificate of Status}}\$	□ \$155.00 Filin Certified Copy	ng Fee &	S160.00 Filing Fee, Certion of Status & Certified Copy	ificate

#### 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:

(If name unavailable, enter alternat	e name adopted for the purpose of transacting business in Flor	ids. The alternate name must include "Limit	ted Liability Company," "L.1, C." or "L.1)		
2 Delaware	, , ,	3. 30-0859597	and a subject of the	. ,	
(Jurisdiction under the law of	which foreign limited liability company is organized)	J	I number, if applicable)	•	
4 2/23/2015					
T	(Date first transacted business in Florids, if prior to r (See sections 605.0904 & 605.0905, F.S. to determin	egistration.)	<del></del> .		
5 40 Herman Melville		•	llvd		
(Street Address of Principal Office)		6. 40 Herman Melville Blvd (Mailing Address)			
New Bedford, MA 0	<u> </u>	New Bedford, MA 02	740	-	
		·		2819	
7. Name and street addr	ess of Florida registered agent: (P.O. Box	NOT acceptable)	_ ~ #	03G	
Name:	Corporation Service Company			D) .	
Office Address	. 1201 Hays Street		٦٠. ت.	_ <i>ī</i>	
Office Address			• · · · · · · · · · · · · · · · · · · ·		
	Tallahassee	, Florida 32301			
Registered agent's acce	(City)	(7	(ip code)	<u>ک</u> ا	
to comply with the provi and accept the obligation	isions of all statutes relative to the proper ons of my position as registered agent. Company	and complete performance of	Roxanne Turner	ir with	
<ul><li>and accept the obligation</li><li>8. The name, title or ca</li></ul>	isions of all statutes relative to the proper ons of my position as registered agent.  Corporation Service Company  By:  (Registered agent's a	ignature) s/have authority to manage is/a	my duties, and I am familia  Roxanne Turner  Asst. Vice Preside	ir with	
8. The name, title or ca Title or Capacity:	isions of all statutes relative to the proper ons of my position as registered agent.  Corporation Service Company  (Registered agent's sepacity and address of the person(s) who has Name and Address:	ignanire) s/have authority to manage is/a	fmy duties, and I am familia Roxanne Turner Asst. Vice Preside	ir with	
<ul><li>and accept the obligation</li><li>8. The name, title or ca</li></ul>	isions of all statutes relative to the proper ons of my position as registered agent.  Corporation Service Company  (Registered agent's sepacity and address of the person(s) who has a Name and Address:  Keith A Decker	ignature) s/have authority to manage is/a	Roxanne Turner Asst. Vice Preside  Asst. Vice Preside  Are:  Name and Address:  Michelle S Riley	ar with	
8. The name, title or ca Title or Capacity:	isions of all statutes relative to the proper ons of my position as registered agent.  Corporation Service Company  (Registered agent's sepacity and address of the person(s) who has Name and Address:	ignanire) s/have authority to manage is/a	my duties, and I am familia Roxanne Turner Asst. Vice Preside  are: Name and Address:	ent	
8. The name, title or ca Title or Capacity:	isions of all statutes relative to the proper ins of my position as registered agent.  Corporation Service Company  (Registered agent's sepacity and address of the person(s) who has a Name and Address:  Keith A Decker  40 Herman Melville Blvd	ignanire) s/have authority to manage is/a	Roxanne Turner Asst. Vice Preside  Asst. Vice Preside  Are:  Name and Address:  Michelle S Riley 277 Park Aye, 29th	ent	
8. The name, title or ca Title or Capacity: CEO	pacity and address of the person(s) who has Name and Address:  Keith A Decker  40 Herman Melville Blvd  Charles E Wilson Jr  40 Herman Melville Blvd	ignanire) s/have authority to manage is/a	Roxanne Turner Asst. Vice Preside  Asst. Vice Preside  Are:  Name and Address:  Michelle S Riley 277 Park Aye, 29th	ent	
8. The name, title or ca Title or Capacity: CEO  CFO	pacity and address of the person(s) who has Name and Address:  Keith A Decker  40 Herman Melville Blvd New Bedford, MA 02740  Charles E Wilson Jr  40 Herman Melville Blvd New Bedford, MA 02740	ignanire) s/have authority to manage is/a	Roxanne Turner Asst. Vice Preside  Asst. Vice Preside  Are:  Name and Address:  Michelle S Riley 277 Park Aye, 29th	ent	
8. The name, title or ca Title or Capacity: CEO  CFO  (Use attachments if nece	pacity and address of the person(s) who has  Name and Address:  Keith A Decker  40 Herman Melville Blvd New Bedford, MA 02740  Charles E Wilson Jr  40 Herman Melville Blvd New Bedford, MA 02740  Charles E Wilson Jr  40 Herman Melville Blvd New Bedford, MA 02740  Essary)	ignanure) s/have authority to manage is/a Title or Capacity: Secretary	Roxanne Turner Asst. Vice Preside  Asst. Vice Preside  Are:  Name and Address:  Michelle S Riley 277 Park Aye, 29th 1 New York, NY 1017	nt Floor Suit	
8. The name, title or ca Title or Capacity: CEO  CFO  (Use attachments if necess) 9. Attached is a certifical	pacity and address of the person(s) who has Name and Address:  Keith A Decker  40 Herman Melville Blvd New Bedford, MA 02740  Charles E Wilson Jr  40 Herman Melville Blvd New Bedford, MA 02740  Charles E Wilson Jr  40 Herman Melville Blvd New Bedford, MA 02740  Charles E Wilson Jr  40 Herman Melville Blvd New Bedford, MA 02740  Charles E Wilson Jr  40 Herman Melville Blvd New Bedford, MA 02740  Charles E Wilson Jr  40 Herman Melville Blvd New Bedford, MA 02740  Charles E Wilson Jr  40 Herman Melville Blvd New Bedford, MA 02740  Charles E Wilson Jr  40 Herman Melville Blvd New Bedford, MA 02740  Charles E Wilson Jr  40 Herman Melville Blvd New Bedford, MA 02740  Charles E Wilson Jr	s/have authority to manage is/a  Title or Capacity:  Secretary	Asst. Vice Presidence:  Name and Address:  Michelle S Riley  277 Park Aye, 29th 1  New York, NY 1017	nt Floor Suit	
8. The name, title or ca Title or Capacity: CEO  CFO  (Use attachments if necessity in the content of the translator must be 10. This document is executed and acceptable of the translator must be 10. This document is exec	pacity and address of the person(s) who has Name and Address:  Keith A Decker  40 Herman Melville Blvd New Bedford, MA 02740  Charles E Wilson Jr  40 Herman Melville Blvd New Bedford, MA 02740  Charles E Wilson Jr  40 Herman Melville Blvd New Bedford, MA 02740  Charles E Wilson Jr  40 Herman Melville Blvd New Bedford, MA 02740  Charles E Wilson Jr  40 Herman Melville Blvd New Bedford, MA 02740  Charles E Wilson Jr  40 Herman Melville Blvd New Bedford, MA 02740  Charles E Wilson Jr  40 Herman Melville Blvd New Bedford, MA 02740  Charles E Wilson Jr  40 Herman Melville Blvd New Bedford, MA 02740  Charles E Wilson Jr  40 Herman Melville Blvd New Bedford, MA 02740  Charles E Wilson Jr	s/have authority to manage is/a  Title or Capacity:  Secretary  duly authenticated by the officies is in a foreign language, a trail	Roxanne Turner Asst. Vice Preside  are:  Name and Address:  Michelle S Riley 277 Park Ave, 29th 1 New York, NY 1017  all having custody of records instation of the certificate uncases.	in the	
8. The name, title or ca Title or Capacity: CEO  CFO  (Use attachments if necessity in the content of the translator must be 10. This document is executed and acceptable of the translator must be 10. This document is exec	pacity and address of the person(s) who has Name and Address:  Keith A Decker  40 Herman Melville Blvd New Bedford, MA 02740  Charles E Wilson Jr  40 Herman Melville Blvd New Bedford, MA 02740  essary)  te of existence, no more than 90 days old, of w of which it is organized. (If the certificate submitted)	duly authenticated by the officies is in a foreign language, a trained degree felony as provided for	Roxanne Turner Asst. Vice Preside  are:  Name and Address:  Michelle S Riley 277 Park Ave, 29th 1 New York, NY 1017  all having custody of records instation of the certificate uncases.	in the	
8. The name, title or ca Title or Capacity: CEO  CFO  (Use attachments if necessity in the content of the translator must be 10. This document is executed and acceptable of the translator must be 10. This document is exec	pacity and address of the person(s) who has Name and Address:  Keith A Decker  40 Herman Melville Blvd New Bedford, MA 02740  Charles E Wilson Jr  40 Herman Melville Blvd New Bedford, MA 02740  essary)  te of existence, no more than 90 days old, of w of which it is organized. (If the certificate submitted)	s/have authority to manage is/a  Title or Capacity:  Secretary  duly authenticated by the officies is in a foreign language, a trail	Roxanne Turner Asst. Vice Preside  are:  Name and Address:  Michelle S Riley 277 Park Ave, 29th 1 New York, NY 1017  all having custody of records instation of the certificate uncases.	in the	

Page 1



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

DELAWARE, DO HEREBY CERTIFY "BLUE HARVEST FISHERIES, 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 SEVENTEENTH DAY OF DECEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BLUE HARVEST FISHERIES, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF JUNE, A.D. 2014.

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

Authentication: 204241152

Date: 12-17-19



## RESUBMIT

Please give original submission date as file date.

### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 27, 2019

CSC

SUBJECT: BLUE HARVEST FISHERIES, LLC

Ref. Number: W19000111043

We have received your document for BLUE HARVEST FISHERIES, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott Document Specialist II

· ·

Letter Number: 619A00026210