1/13/2020

Division of Corporations

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Division of Corporations

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Fax Number : (954)208-0845

••Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:_

Foreign Limited Liability Company T-H Marine Supplies, LLC

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T CENIEUX COCE A L MAL

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

IN COMPLANCE WITH SECTION 605/0002 FLORIDA STATUTEN THE FOILOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSICT BUNNESS. IN THE STATE OF FLORIDA:

	(Name of Foreign l	limited Liability Company: must include Liami	ed Liability Company,	""L.L.C.," of "ELC.")		
iltin	ame unavailable, enter alternate na	and adopted for the purpose of transacting Permets in Fl	lorica. The alternate name	must include Lamited Lea	Sinty Company 7 (L.L.C.) o	mile n
ņ	Delaware		63-0717		ber if applicables	
	(Jurisdacion under the law of wh	ach foreign hunted lightlity company is organized)		dun UTS	ber (l'applicable)	
4 .	Date of Registration					
		Date first transacted business in Florida, if private (See sections 6.13 0904 & 503 0905, F.S. to deter-	o registrat on) ones penalty hability (
5,	200 Finney Drive		6 <u> </u>	(Mailing Add		
	(Street Address of P	magal Office)		(Mahng Add	li () s 4 (
	Huntsville, AL 35824					·
					ALEX ALEX	-77
					Jan 13	
7.	Name and street address	s of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable	e)		
	Name	C T Corporation System			TORK!	
	272	1200 South Pine Island Road			\$ 9	
	Office Address:			22224	•	
		Plantation		33324 Florida		

Registered agent's acceptance:

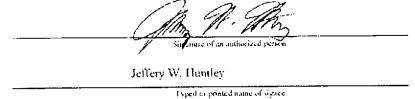
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.

By:	CT Corporation System
	(Registered agent's signiture) M. E. Jones, Asst. Sec'y.

Title or Conneity	Name and Address:	Title or Canacity:	Name and Address:
8. For initial indexing purpose manage [up to six (6) total]:	es, list names, title or capacity and	addresses of the primary members	managers or persons authorized to
	and the second s		and the second s

itle or Capacity:	Name and Address:	Title or Capacity	<u>::</u>	Name and Address:
Manager	Name:	☐ Manager	Name:	
Member	Address: 200 Finney Drive	Member	Address:	
Authorized	Huntsville, AL 35824	Authorized		
Person		Person		_,
Other President/	CEO Other	[]Other		Other
]Manager	Name:	Manager	Name	
Member	Address:	Member	Address	
Authorized		Authorized		
Person		Person		
Other	Other	Other	<u></u>	Other
]Manager	Name:	Manager	Name:	
Member	Address:	Member	Address:	
]Authorized		Authorized		
Person		Person		
Other	Other	Oπher		Other

- jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a transla 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.





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

DELAWARE, DO HEREBY CERTIFY "T-H MARINE SUPPLIES, 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 THIRTEENTH DAY OF JANUARY, A.D. 2020.

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

Authentication: 202176208

Date: 01-13-20