

MA000000/755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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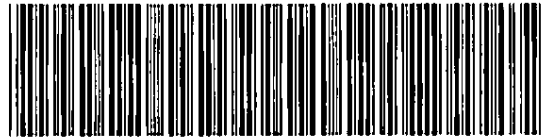
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Orion Charters II, 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:

Lawrence S. Klitzman

\_\_\_\_\_  
Name of Person

Klitzman Law Group, PLLC

\_\_\_\_\_  
Firm/Company

PO Box 267430

\_\_\_\_\_  
Address

Weston, FL 33326

\_\_\_\_\_  
City/State and Zip Code

LSK@Klitzlaw.com

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

For further information concerning this matter, please call:

Lawrence S. Klitzman

954

384-4421

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
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:

☒ \$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. Orion Charters II, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. Delaware 3. 47-3995176  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. c/o Gordon Proctor 6. c/o Gordon Proctor  
(Street Address of Principal Office) (Mailing Address)  
33 SW Flagler Ave.,  
Stuart, FL 34994

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

Name: Lawrence S. Klitzman

Office Address: 1301 International Parkway, Suite 120

Sunrise, Florida 33323  
(City) (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)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

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

|                |                                |       |       |
|----------------|--------------------------------|-------|-------|
| <u>Manager</u> | <u>T&amp;R Associates, LLC</u> | _____ | _____ |
|                | <u>33 SW Flagler Ave.,</u>     | _____ | _____ |
|                | <u>Stuart, FL 34994</u>        | _____ | _____ |
| _____          | _____                          | _____ | _____ |
| _____          | _____                          | _____ | _____ |
| _____          | _____                          | _____ | _____ |

(Use attachments if necessary)

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 an authorized person)

Theodore Schiff, manager of RIS Associates, LLC, manager of T&R Associates.

(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 "ORION CHARTERS II, LLC A DELAWARE  
LIMITED LIABILITY COMPANY" 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 TENTH DAY OF  
JANUARY, A.D. 2020.



5747603 8300

SR# 20200052769

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202160443

Date: 01-10-20