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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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DATE 06/15/20 BY 60324

06/15/20 10:00 AM

FILED

U.S. DISTRICT COURT  
DISTRICT OF COLUMBIA

COVER LETTER

TO: Registration Section  
Division of Corporations  
Vessel Services, LLC

SUBJECT: \_\_\_\_\_  
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:

James F. Keller, Esq.

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

Vessel Services, LLC

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

3660 Park 42 Drive

\_\_\_\_\_  
Address

Cincinnati, OH 45241

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

jfk@chlhc.com

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

For further information concerning this matter, please call:

James F. Keller

513

864-8723

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

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

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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 &    ☐ \$155.00 Filing Fee &    ☐ \$160.00 Filing Fee, Certificate  
Certificate of Status    Certified Copy    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:

Vessel Services, L.L.C.  
1. \_\_\_\_\_  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")  
Wicked Vessel Services, L.L.C.

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

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI 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)  
3660 Park 42 Drive PO Box 8189

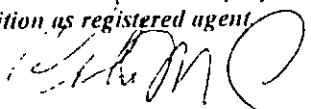
5. \_\_\_\_\_ 6. \_\_\_\_\_  
(Street Address of Principal Office) (Mailing Address)  
Cincinnati, Ohio 45241 Cincinnati, Ohio 45208

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

Peter Commette, Esq.  
Name: \_\_\_\_\_  
1323 SE 3rd Ave.  
Office Address: \_\_\_\_\_  
Ft. Lauderdale 33316  
\_\_\_\_\_, Florida (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)

FILED

<b><u>Title or Capacity:</u></b>	<b><u>Name and Address:</u></b>	<b><u>Title or Capacity:</u></b>	<b><u>Name and Address:</u></b>
	Matt Stephens		Jacinda Stephens
<input checked="" type="checkbox"/> <b>Manager</b>	Name: _____	<input type="checkbox"/> <b>Manager</b>	Name: _____
	PO Box 8189		PO Box 8189
<input checked="" type="checkbox"/> <b>Member</b>	Address: _____	<input checked="" type="checkbox"/> <b>Member</b>	Address: _____
	Cincinnati, OH 45208		Cincinnati, OH 45208
<input type="checkbox"/> <b>Authorized</b>	_____	<input type="checkbox"/> <b>Authorized</b>	_____
<b>Person</b>	_____	<b>Person</b>	_____
<input type="checkbox"/> <b>Other</b>	<input type="checkbox"/> <b>Other</b> _____	<input type="checkbox"/> <b>Other</b> _____	<input type="checkbox"/> <b>Other</b> _____

James F. Keller, Esq.  
 Name: \_\_\_\_\_  
 3660 Park 42 Dr.  
 Address: \_\_\_\_\_  
 Cincinnati, OH 45241  
 \_\_\_\_\_  
☐ Manager  
☐ Member  
☒ Authorized  
 Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Title or Capacity:** \_\_\_\_\_

**Name and Address:**  
Jacinda Stephens

☐ Manager Name: \_\_\_\_\_  
PO Box 8189

☒ Member Address: \_\_\_\_\_  
Cincinnati, OH 45208

☐ Authorized \_\_\_\_\_

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 \_\_\_\_\_

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)

Signature of an authorized person

Typed or printed name of signee

UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE

*I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show VESSEL SERVICES, LLC, an Ohio For Profit Limited Liability Company, Registration Number 4481424, was organized within the State of Ohio on June 2, 2020, is currently in FULL FORCE AND EFFECT upon the records of this office.*



*Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 11th day of June, A.D. 2020.*

A handwritten signature in black ink, appearing to read "Frank LaRose", written in a cursive style.

Ohio Secretary of State

Validation Number: 202016303470