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M. SOLOMON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Silent Diving, 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:

Jennifer Mayfield

Name of Person

Silent Diving, LLC

Firm/Company

589 SW South Quick Circle

Address

Port St. Lucie, FL 34953

City/State and Zip Code

Jennifer@SilentDiving.com

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

For further information concerning this matter, please call:

Carolyn Ball, CPA

772

494-3626

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

2. North Carolina
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 30-0523382
(FEI number, if applicable)

4. 12/15/2019
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 383 Portland Street
(Street Address of Principal Office)

6. 383 Portland Street
(Mailing Address)

Fryeburg, ME 04037-1611

Fryeburg, ME 04037-1611

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

Name: Jennifer Mayfield

Office Address: 589 SW South Quick Circle

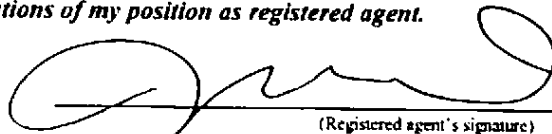
Port St. Lucie, Florida 34953
(City) (Zip code)

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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. 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: 1745173 Ontario Ltd

☐ Member Address: 1296 Brockmount Place

☐ Authorized Brockville ON K6V 5Z7

Person _____

☐ Other _____ ☐ Other _____

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

☐ Manager Name: _____

☐ Member Address: _____

☐ 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 _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

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SECRETARY OF STATE
CLERK OF THE COURT
CLERK OF THE COUNTY CLERK

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 an authorized person



NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF REINSTATEMENT

WHEREAS, SILENT DIVING, LLC (herein the "limited liability company") was administratively dissolved pursuant to N.C.G.S. §57D-6-06, effective as of the 4th day of February, 2020, for failure to file Annual Reports due under Chapter 57D of the North Carolina General Statutes within 60 days after they were due; and

WHEREAS, the limited liability company has filed an Application for Reinstatement following Administrative Dissolution, dated 18th day of August, 2020, stating that the grounds for such administrative dissolution either did not exist or have been eliminated; and

WHEREAS, the Secretary of State has determined that the Application for Reinstatement filed by the limited liability company contains the information required by N.C.G.S. §55-14-22(a) and that such information is correct; therefore

IT IS HEREBY ORDERED that the Certificate of Dissolution issued to the limited liability company on the 4th day of February, 2020 is hereby canceled, and that the limited liability company is reinstated pursuant to N.C.G.S. §57D-6-06(c) effective as of the 4th day of February, 2020.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 19th day of August, 2020.

Claine J. Marshall

Secretary of State



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 1, 2020

JENNIFER MAYFIELD
589 SW SOUTH QUICK CIRCLE
PORT ST. LUCIE, FL 34953 US

SUBJECT: SILENT DRIVING, LLC
Ref. Number: W20000010631

We have received your document for SILENT ~~DRIVING~~ LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6052.

Tacarri K Glass
Regulatory Specialist II

Letter Number: 020A00002388

*Rec'd
2-19-20*