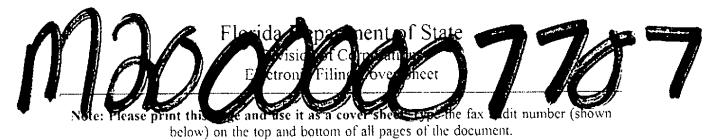
Division of Corporations



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Division of Corporations Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023
Phone : (614)290-3338
Fax Number : (954)203-0845

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 Island Global Yachting LLC

Certificate of Status	0
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPTANCE WITH SECTION 805.0X02, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Island Global Yachting							
(Name of Foreign I	limited Liability Company; must include "Limited	Liability Cor	npany," "L.L.C." or "L.L.C."	")			
(It pame unavailable, entér alternate o	ann adopted for the purpose of hansacting business in Flo	orida. The alteri	rate name must melude "I innice	Laability Comp	any∴"L.L.	.C," oc"[1 C.*)	
Delaware		3					
(Jurisdiction under the law of which foreign limited liability company is organized)		ے	;! [] nı	(ITI number of applicable)			
4							
	(Deta first transacted business in Florida, if prior to OSee sections 605 0904 & 605 0905, F.S. to determine	agistration J ne penalty liabil	tirs)				
717 Fifth Avenue, 18th Floor 5. (Street Address of Principal Office)		31)(6	O N Main Street, Suite				
(Street Address of Principal Office)			(Mulicu Address)				
New York, NY 10022		(ir	cenville, SC 29601	<u></u>			
				5	255 2000 2000		
7. Name and <u>street addres</u>	s of Florida registered agent: (P.O. Box	NOT acce	eptable)		640 67 67 18	~ e3mm	
Name:	C T Corporation System			(e) (e) (e)	ليا	ρι‱. } ••••••	
Office Address:	1200 South Pine Island Road		_	1 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	₹ \$9	73 (7 3 7 mars)	
	Plantation		33324 , Florida		ಕ್ಕ (ಭ		
	(City)		(८) उन्हें	:)			

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.

Bv:	CT Corneration System	Mark Holloway Assistant Secretary
	(Registered agent's figna	tures

8. For initial indexing purposes, fist 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:	Title or Capacity:	Name and Address:
☐Manager	Name; Thomas S. Mukamal	∐Manager	Name: Yvonne Owens
□Member	Address: 717 Fifth Ave, 18th Floor	⊖Member	Address: 717 Fifth Ave. 18th Floor
■ Authorized	New York, NY 10022	© Authorized	New York, NY 10022
Person		Person	
Other	□Other	[]Other	□Other
⊟Manager	Name: Mark P. Lande	□Munager	Name:
⊞Member	Address: 217 Fifth Ave, 18th Floor	□Member	Address: 12 Maple Tree Ct, Ste 203
⊞Authorized	New York, NY 10022	(E) Authorized	Greenville, SC 29615
Person	The state of the s	Person	
::IOther	□Other	[]Other_	□Other
∐Manager	Name: Yvonne Owens	□Manager	Name:
(IMember	Address: 300 N Main St, Ste 402	□Member	Address:
₽ Authorized	Greenville, SC 29601	□Authorized	
Person		Person	
Other	□Other	[]Other	□Other

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 ackled 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 outh 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.

Typed to printed name of supper	
Yvonne Owens	
Signature of an unitarized person	
Mary Claure	

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "ISLAND GLOBAL YACHTING 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 TWENTY-FIFTH DAY OF AUGUST, A.D. 2020.

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

at som delaware sov/aut

Authentication: 203530242

Date: 08-25-20

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