



October 8, 2020

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

RE: Application for Registration of Foreign LLC to Transact Business

Dear Sir or Madam:

Good day! My name is Paul Gori and I'm with a Portland, Maine based retailer known as Sea Bags that is expanding. We are very excited to be planning to open a retail store in Key West and San Jose, Ca. That end, please find enclosed the following required documents:

- Certificate of Existence / Good Standing from the State of Maine
- Application with Registered Agent
- Application fee of \$125

I hope I have included everything you need. If there are any questions or anything is missing, please reach out to me at paul@seabags.com or my cell phone at 603.834.0390. I appreciate your assistance with our application

We are very excited to be expanding in your great state! Thank you!

Sincerely,

A handwritten signature in black ink that reads "Paul Gori".

Paul N. Gori
Vice President, Retail Stores

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SEAL OF THE STATE OF FLORIDA
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sea Bags, 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:

Paul Gori

Name of Person

Sea Bags, LLC

Firm/Company

25 Custom House Wharf

Address

Portland, ME 04101

City/State and Zip Code

paul@seabags.com

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Paul Gori

207

780-0744 ext 231

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 & 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. Sea Bags, 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. State of Maine, USA 46 408 9741
(Jurisdiction under the law of which foreign limited liability company is organized) (F.I.I. number, if applicable)

4. 10.8.20
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 25 Custom House Wharf
(Street Address of Principal Office)
Portland, ME 04101

6. 25 Custom House Wharf
(Mailing Address)
Portland, ME 04101

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TALLAHASSEE, FLORIDA

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

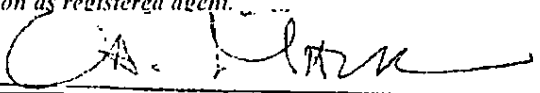
Name: Carrie Mack

Office Address: 1680 NW River Trail

Stuart 34994
(City) Florida (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)

See Signed copy included with Application. *re*

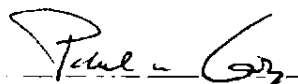
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Don E. Oakes	<input checked="" type="checkbox"/> Manager	Name: William F. McGonagle
<input type="checkbox"/> Member	Address: 25 Custom House Wharf	<input type="checkbox"/> Member	Address: 25 Custom House Wharf
<input type="checkbox"/> Authorized	Portland, ME 04101	<input type="checkbox"/> Authorized	Portland, ME 04101
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
 <input checked="" type="checkbox"/> Manager	 Name: Beth Shissler	 <input checked="" type="checkbox"/> Manager	 Name: Paul N. Gori
<input type="checkbox"/> Member	Address: 25 Custom House Wharf	<input type="checkbox"/> Member	Address: 25 Custom House Wharf
<input type="checkbox"/> Authorized	Portland, ME 04101	<input type="checkbox"/> Authorized	Portland, ME 04101
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
 <input type="checkbox"/> Manager	 Name: Amber Henault	 <input type="checkbox"/> Manager	 Name:
<input type="checkbox"/> Member	Address: 25 Custom House Wharf	<input type="checkbox"/> Member	Address:
<input checked="" type="checkbox"/> Authorized	Portland, ME 04101	<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> 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 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

Paul N. Gori

Typed or printed name of signer

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 STATE OF FLORIDA
 DEPARTMENT OF STATE
 PALM BEACH, FLORIDA

State of Maine



Department of the Secretary of State

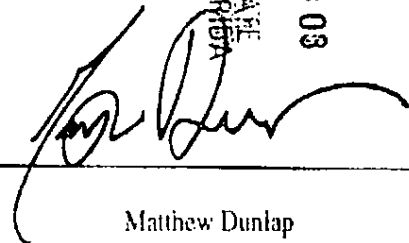
I, the Secretary of State of Maine, certify that according to the provisions of the Constitution and Laws of the State of Maine, the Department of the Secretary of State is the legal custodian of the Great Seal of the State of Maine which is hereunto affixed and of the reports of formation, amendment and cancellation of articles of organization of limited liability companies and annual reports filed by the same.

I further certify that SEA BAGS, LLC, formerly SBAC, LLC is a duly formed limited liability company under the laws of the State of Maine and that the date of formation is November 08, 2013.

I further certify that said limited liability company has filed annual reports due to this Department, and that no action is now pending by or on behalf of the State of Maine to forfeit the articles of organization and that according to the records in the Department of the Secretary of State, said limited liability company is a legally existing limited liability company in good standing under the laws of the State of Maine at the present time.

In testimony whereof, I have caused the Great Seal of the State of Maine to be hereunto affixed. Given under my hand at Augusta, Maine, this eighth day of October 2020.





Matthew Dunlap
Secretary of State