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Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

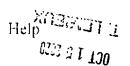
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Foreign Limited Liability Company Sea Force Center Console LLC

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	TION (05.000), FLORIDA STATUTES, THE F NINESS IN THE STATE OF FLORIDA.	OLLOWNG IS	SUBMITTED TO REGISTI 	ER A FOREIGN TIMO	TEO LIABILIO.	
Sea Force Center Co						
(Name of Foreign	Limited Liebsby Company: must include "Limite	d-Liability Com	pany, "I. L.C.," or "LLC.")			
(If came unibegilable, enter aberrate i	vanue adopted for the prospece of transacting business in F	Ionida. The alterna	to name must include "Lichted Li	inhility Contpany," "L.E.C."	or ILC")	
Delaware 2		ุ 85-29439ะ1				
(Juris Jiction ander the law of a	high foreign limited liability company is equalized)	(PSI minder, if applicable)			•	
4						
	(Dete first paperson) business in Florida, if prior to (See medians 603,000) & 603,0003, F.S. to defend	nas bsugliš jingiji Halipiji Halipiji	у).			
109 S. Atlantic Drive		109 S. Atlantic Drive				
Street Address of Principal Office)		V	(Mallant Villera)			
Lantana, Florida 33462		Lantana, Florida 33462				
7. Name and street addres	ss of Florida registered agent: (P.O. Box	x <u>NOT</u> necep	otable)		~	
Name:	CT Corporation System	.,.	_			
Office Address:	1200 South Pine Island Road		······		entent sala Terretakan Per	
	Plantation		33324 Flor da	TO TO	\$ i i	
	(Chy)		(Zip vode)	1 60 Es	Andrews.	
designated in this applicate comply with the provise	nances signed agent and to accept service of sition, I hereby accept the appointment tions of all statutes relative to the prope s of my position as registered agent. CT Corporation System By: Kall, A.	us registered r and comple	agent and agree to act	:> <u>'E'</u> liability company a In this capacity. I f	tercher agree	

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:	Title or Gapacity:	•	Name and Address:
■Manoger	Name: Mark Calzaretta	□Manager	Name:	
□Member	Address: 109.S. Atlantic Drive	☐Member :		
□Authorized	Lantana, Florida 33462	□Authorized.		
Person		Person		
□Other	□Other	□ Other		[]Other
□Manager	Name:	[]Manager	Name:	
l∃Member	Address:	□ Member	Address:	
□Authorized		U Authorized		
Person		Person		
Other	COther.	Other		□Other
: Manager	Name:	⊟Mänager	Name:	
□Memb e r	Address:	□Member		
☐ Authorized		DAuthorized		
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 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 take information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155. F.S.

Mark Calzaretta

*Typoll or printed name of supre-

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "SEA FORCE CENTER CONSOLE 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 FOURTEENTH DAY OF OCTOBER, A.D. 2020.

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

at som delayers so your

Authentication: 203859889

Date: 10-14-20