

Oct. 26. 2020 9:57AM

No. 0145 P. 1

10/23/2020

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filings

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To:

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

From:

Account Name : ALLEY, MAASS, ROGERS & LINDSAY, P.A.
Account Number : 072100000047
Phone : (561)659-1770
Fax Number : (561)833-2261

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

BALLAS@AMRL.COM

Email Address:

Foreign Limited Liability Company
Big Easy Maritime LLC

Certificate of Status	0
Certified Copy	1
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9:20:10 AM

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Fax Server



October 26, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ALLEY, MAASS, ROGERS & LINDSAY, P.A.

SUBJECT: BIG EASY MARITIME LLC
REF: W20000123722

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please give the title for Justin Dye.,

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) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

FAX Aud. #: H20000368911
Letter Number: 520A00021215

P.O. BOX 6327 - Tallahassee, Florida 32314

Oct. 26. 2020 9:57AM

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Big Easy Maritime 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:

David R. Maass, Esq.

Name of Person

Alley, Maass, Rogers & Lindsay, P.A.

Firm/Company

340 Royal Poinciana Way - Suite 321

Address

Palm Beach, Florida 33480

City/State and Zip Code

ballas@amrl.com

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

For further information concerning this matter, please call:

David R. Maass

561

659-1770

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

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H200003689113

**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. Big Easy Maritime 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. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

85-3580123

3. (FBI number, if applicable)

upon qualification

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

3350 NE 6th Drive

(Street Address of Principal Office)

Boca Raton, Florida 33431

3350 NE 6th Drive

6. (Mailing Address)

Boca Raton, Florida 33431

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

Name: David R. Maass

Office Address: 340 Royal Poinciana Way - Suite 321

Palm Beach

(City)

, Florida 33480

(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)

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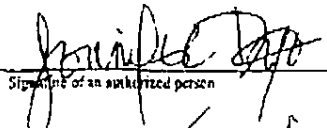
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<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: <u>Jennifer Dye</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Justin Dye</u>
<input type="checkbox"/> Member	Address: <u>3350 NE 6th Drive</u>	<input type="checkbox"/> Member	Address: <u>3350 NE 6th Drive</u>
<input type="checkbox"/> Authorized	<u>Boca Raton, Florida 33431</u>	<input type="checkbox"/> Authorized	<u>Boca Raton, Florida 33431</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<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

 Jennifer Dye

 Typed or printed name of signer

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Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BIG EASY MARITIME 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 TWENTIETH DAY OF OCTOBER, A.D. 2020.

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

2020 OCT 26 PM 4:46
TALLAHASSEE, FLORIDA



3896692 8300

SR# 20207913965

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203894689

Date: 10-20-20

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