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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

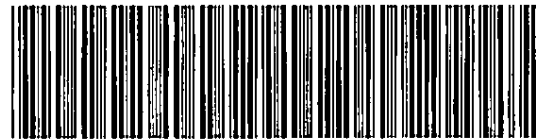
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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**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. Extreme H2O Catamarans 2.0, 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)

3. _____
(FEE number, if applicable)

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

5. 4660 Via Huerto
(Street Address of Principal Office)

Santa Barbara, CA 93110

6. 4660 Via Huerto
(Mailing Address)

Santa Barbara, CA 93110

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

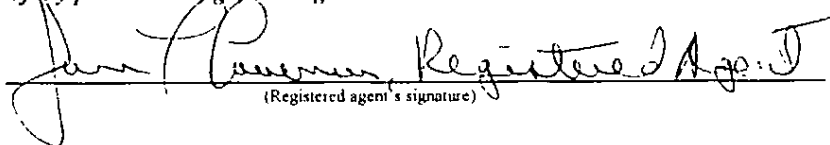
Name: James L. Essenson

Office Address: 2071 Main Street

Sarasota 34237
_____. Florida _____
(City) (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)

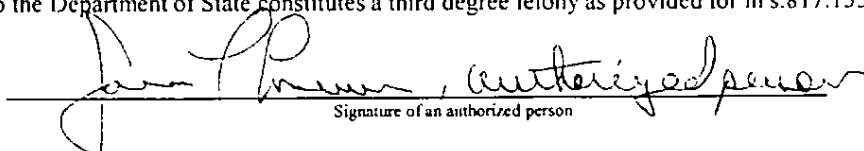
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Patrick H. Benz	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 4660 Via Huerto	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Santa Barbara, CA 93110	<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 _____
<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

James L. Essenson, Registered Agent

Typed or printed name of signer

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EXTREME H2O CATAMARANS 2.0, 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-THIRD DAY OF FEBRUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EXTREME H2O CATAMARANS 2.0, LLC" WAS FORMED ON THE SIXTEENTH DAY OF NOVEMBER, A.D. 2020.



4151113 8300

SR# 20210562588

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.

Jeffrey W. Bullock, Secretary of State

Authentication: 202569916

Date: 02-23-21

ESSENSON LAW FIRM
ATTORNEYS AND COUNSELORS AT LAW
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www.essensonlaw.com

In Association With:
PACE & PACE, PLLC
BUFFALO, NEW YORK

February 25, 2021

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Foreign LLC Registration / Extreme H2O Catamarans 2.0, LLC

Dear Sir/Madam:

This firm is Legal Counsel to Patrick H. Benz, the Managing Member of Extreme H2O Catamarans 2.0, LLC, an entity registered in Delaware. The liability company wishes to do business here in the State of Florida. In connection therewith, enclosed are the following:


1. Florida Department of State Cover Letter;
2. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida;
3. Certificate of Good Standing from the State of Delaware, Secretary of State, dated February 23, 2021; and
4. Our firm's general account check #4572 in the amount of \$155.00, made payable to "Florida Department of State", representing the state's filing fee and certified copy fee.

Kindly provide your acknowledgement to the undersigned after the foreign entity has been registered in the State of Florida to transact business.

If your company requires anything other or further in order to process this request, kindly contact the undersigned. Thank you.

Very truly yours,

ESSENSON LAW FIRM


By: James L. Essenson

JLE/dw

Enclosures

cc: Patrick H. Benz
Tom Olson, CPA