

3/25/2021

# M2100003477

Division of Corporations  
Florida Department of State  
Electronic Filing Cover Sheet

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

From: Account Name : CORPORATION SERVICE COMPANY  
Account Number : T20000000195  
Phone : (850)521-0821  
Fax Number : (850)558-1515

**\*\*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  
CETACEA ASSET MANAGEMENT LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CETACEA ASSET MANAGEMENT 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:

Steven A. Clark

Name of Person

Bohonnon Law Firm LLC

Firm/Company

195 Church Street, 10th Floor

Address

New Haven, CT 06510

City/State and Zip Code

judy@bohonnon.com

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

2021 MAR 25 PM 4:45

FILED

For further information concerning this matter, please call.

Judy McGuinness

at ( 203 )

787-2151

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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# 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. CETACEA ASSET MANAGEMENT LLC  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC.")
2. The Republic of the Marshall Islands  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 81-2145816  
(FBI number, if applicable)
4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. c/o Bohannon Law Firm LLC  
(Street Address of Principal Office)  
  
195 Church Street, 10th Floor  
  
New Haven, CT 06510
6. c/o Camper & Nicholson  
(Mailing Address)  
  
901 E. Las Olas Blvd, Suite 201  
  
Ft. Lauderdale, FL 33301

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

Name. Corporation Service Company

Office Address. 1201 Hays Street

Tallahassee, Florida 32301  
(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)

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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: Christopher J. Culver	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: c/o Bohannon Law Firm LLC	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	195 Church St, 10th Floor	<input type="checkbox"/> Authorized	_____
Person	New Haven, CT 06510	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.

Steven A. Clark

Typed or printed name of signee

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THE REPUBLIC OF THE MARSHALL ISLANDS  
REGISTRAR OF CORPORATIONS

**CERTIFICATE OF GOODSTANDING**

I HEREBY CERTIFY, That I have made a diligent examination of the files of The Trust Company of the Marshall Islands, Inc., Registrar of Corporations for non-resident limited liability companies, in respect of all instruments filed in accordance with § 14 of the Marshall Islands Business Limited Liability Company Act regarding

**CETACEA ASSET MANAGEMENT LLC**  
Registration Number 964683

formed on

July 19, 2019

and with Registered Agent

**The Trust Company of the Marshall Islands Inc.**  
Trust Company Complex  
Ajeltake Road, Ajeltake Island  
Majuro, Marshall Islands MH96960

and upon such examination, I find no filed or recorded instruments that would contravene that such limited liability company is and remains a subsisting limited liability company and that the limited liability company has paid all taxes and fees due and payable and, therefore, is in good standing as of the date hereon.



WITNESS my hand and the official seal of the  
Registry on March 24, 2021.

Tamara Hoffman  
Deputy Registrar

FILED  
2021 MAR 25 PM 4:45  
MARSHALL ISLANDS

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