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* COVERLETTER *

TO: Registration Section

T:Nam	e of Limited Liability Company		
osed "Application by Foreign Limited Liability e, and check are submitted to register the above	Company for Authorization to Transact Business in Fl referenced foreign limited liability company to transac	orida," Cer t business	tificat in Flo
eturn all correspondence concerning this matter t	o the following:		
Luis A Rivera Febo			
	Name of Person		
L & R MARINE _L LLC			
	Firm/Company		
1235 grandview dr			
	Address		
Jacksonville FL 32211			0.3
	City/State and Zip Code		1021
luis.rivera@lrmarinellc.com		2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	2021 HAY 18
	e used for future annual report notification)		
ther information concerning this matter, please ca	al1:	പ്പു പ്പു വ	3
Luis A Rivera Febo	203 886-9496		ည <u>†</u>
Name of Contact Person	at ()	nber	
Mailing Address:	Street Address:		
Registration Section	Registration Section		
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810		
ranamosoo, i o oso i i	Tallahassee, FL 32303		
Enclosed is a check for the following amount:			

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 RECESTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

L. & R. MARINEJ, L.C.

		itos. The anti-mate mante mase	include "Limited Liability Company," "	17.17 G. OI 1.1.C
Washington State		47-4720284 3.		
(Jurisdiction under the law of w	nich foreign limited liability company is organized)	J	(FEI number, if applicable)	
	(Date first transacted business in Florida, if prior to r (See sections 605 0904 & 605,0905, F.S. to determine	egistration.)		
1235 grandview		same		
eet Address of Principal Office)	·	6. (Mailing Add	dress)	
Jascksonville				
FL 32211				***
Name and <u>street addres</u>	s of Florida registered agent: (P.O. Box	NOT acceptable)		# # # # # # # # # # # # # # # # # # #
Name:	Luis A Rivera Febo			
Office Address:	1235 grandview			ORION ORION
Office Address.				

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.

Luis A Rivera Febo Date: 2021.03.09 13:46:51 -05'00'	
 (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]:

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
□Manager	Name:	□Manager	Name:	
■Member	Address: 1235 Grandview dr	□Member	Address:	
□Authorized	Jacksonville FL 32211	☐Authorized		
Person		Person		
Other	Other	□Other		Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		202
□Other	Other	□Other		Other Other
				₩ 6
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
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 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.

Luis A Rivera Febo	Digitally signed by Luts A Rivera Febo Date: 2021.03.09 13:47:04 -05'00'	
Signs	ature of an authorized person	
Luis A Rivera Febo		
Тур	ed or printed name of signee	



Secretary of State

1, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

L & R MARINE, LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 07/21/2015.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

1 FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

1 FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 04/01/2021 UBI Number: 603 528 235

STATE OF WASHINGTON 1889 NOT 1889

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

Kin Ulyna

Date Issued: 04/01/2021