## M21000017151

(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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S. FRANKLIN DEC 1 6 2021

## **COVER LETTER**

TO:

TO:	Registration Section Division of Corporations		
SUBJE	ECT: CATYPSO Marine DECKSILLU		
SUBJE	Name of Limited Liability Company	•	
	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, ice, and check are submitted to register the above referenced foreign limited liability company to transact business.		
Please	return all correspondence concerning this matter to the following:		
	Fallon Elfender Name of Person		
	Name of Person		
	CALYPSO Marine Decks		
	Firm/Company	,	
	10/3 Darlington Oak dr.	2027	
	Address	)022 DEC 13	
	Niceville, FL 32578	3	- Compa
	City/State and Zip Code	<b>P</b>	
	Calypsomarine decks egmail. Confident	-;-	
	E-mail address: (to be used for future annual report notification)	35	
For fur	ther information concerning this matter, please call:		
	Fallon Ellender at 985 870-0217  Name of Contact Person Area Code Daytime Telephone Number	Cu	21)
	Name of Contact Person Area Code Daytime Telephone Number		
	Mailing Address:  Registration Section  Division of Corporations  P.O. Box 6327  Street Address:  Registration Section  Division of Corporations  The Centre of Tallahassee	·į į	
	Tallahassee, FL 32314  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  S125.00 Filing Fee S130.00 Filing Fee S155.00 Filing Fee S160.00 Filing Fee.  Certificate of Status Certified Copy of Status & Certified Copy		

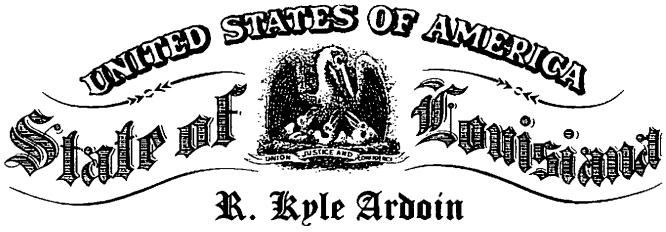
## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902 FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABIL COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	7)
Calypso marine Dacks, LLC	
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "L.L.C.")  CALY DED Marine Pecks - Pronda, LLC	
(it 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 "L	
2 Louisiana, Lafourche Parish, 85-2554570	
(Jurisdiction under the law of which foreign lumited liability company is organized) (FEI 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. 110 Glennst 6. 1013 Darlington Cardring	
(Street Address of Principal Office)  (Mailing Address)	
Bourgila 70344 Niceville, Fl 32578m	
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
Talla 13/10/10/5	
ivane Fallon Ellender	
Office Address: 10/3 Danington Oak Drive	
Niceville	
(Cay) (Zm 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 agr to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with	?e
and accept the obligations of my position as registered agent.	
Zaller Weller	
(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 lup to six (6) totall:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: tallon Ellender - MGRM	5 Manager	Name: Whary Meeks - N
□Member	Address: 1013 Darlington Oaff	¶ ⊟Member	Address: 1013 Darlington
□Authorized	NILEVILLE, FL 32578	□Authorized	Allevile, Fr 325
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Mamger	Name:
□Member	Address:	□Member	Address:
□Authorized		☐ Authorized	
Person		Person	22 DE
□Other	□Other	□Other	مسين ۾ آ
-	Name:	□Manager □Member	Name: State of the
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	Other

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 felous as provided for in s.817.155, F.S.



SECRETARY OF STATE

As Secretary of State of the State of Louisiana, I do hereby Certify that

## **CALYPSO MARINE DECKS LLC**

A limited liability company domiciled in BOURG, LOUISIANA,

Filed charter and qualified to do business in this State on August 17, 2020,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

November 16, 2021

SECONFIDENCY THE TARY OF STREET

Certificate ID: 11485530#UXM73

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov

Secretary of State
Web 44029716K



December 2, 2021

FALLON ELLENDER 1013 DARLINGTON OAK DR NICEVILLE, FL 32578 US

SUBJECT: CALYPSO MARINE DECKS, LLC

Ref. Number: W21000154013

We have received your document for CALYPSO MARINE DECKS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

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.

Sharon D Franklin Regulatory Specialist II

Letter Number: 021A00029029

RECEIVED