

M21000017343

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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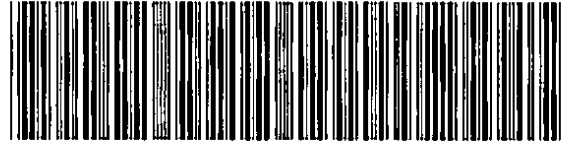
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF
TALLAHASSEE, FL

2021 DEC 16 AM 11:00

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S. ROBERTS

DEC 16 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COBBWEAVE 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:

MERCEDES PERDOMO

Name of Person

CP OPERATIONS

Firm/Company

PO BOX 14-4200

Address

CORAL GABLES, FL 33114

City/State and Zip Code

MPERDOMO@COBBPARTNERS.COM

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

For further information concerning this matter, please call:

MERCEDES PERDOMO

305

441-1700

Name of Contact Person

at (_____) _____

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

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. COBBWEAVE 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 87-1010147
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. NOVEMBER 10, 2021
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 4000 PONCE DE LEON BLVD PO BOX 14-4200
(Street Address of Principal Office) (Mailing Address)

SUITE 470 CORAL GABLES, FL 33114

CORAL GABLES, FL 33146

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

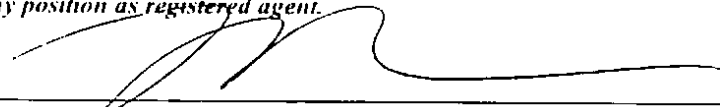
Name: MERCEDES PERDOMO

Office Address: PO BOX 14-4200

CORAL GABLES 33114
(City) Florida (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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TALLAHASSEE, FL

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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]:

Title or Capacity: **Name and Address:**

☒ Manager Name: CT Boat Management Co. LLC

☐ Member Address: PO BOX 14-4200

☐ Authorized CORAL GABLES, FL 33114

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: High Seas Yacht Charters LLC

☒ Member Address: 251 LITTLE FALLS DRIVE

☐ Authorized WILMINGTON, DE 19808

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: CT Cobb Boat Company LLC

☒ Member Address: PO BOX 14-4200

☐ Authorized CORAL GABLES, FL 33114

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

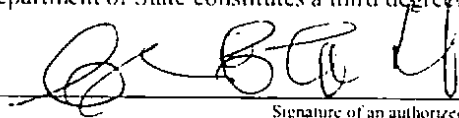
Person _____

☐ 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.



Signature of an authorized person

CHARLES E. COBB

Typed or printed name of signer

CERTIFICATE OF FORMATION

OF

COBBWEAVE LLC

1. The name of the limited liability company is Cobbweave LLC (the "Limited Liability Company").
2. The nature of the business to be transacted or the purpose to be promoted or carried out by the Limited Liability Company is as follows: to engage in any lawful act or activity for which limited liability companies may be formed under the Delaware Limited Liability Company Act (the "Act").
3. Its registered office in the State of Delaware is to be located at 251 Little Falls Drive, in the City of Wilmington, County of New Castle, Delaware 19808, and its registered agent at such address is Corporation Service Company.
4. The term of the Limited Liability Company shall commence on the date this Certificate is filed in accordance with the Act and shall continue in perpetual existence unless and until dissolved pursuant to its operating agreement or the Act.
5. The management of the Limited Liability Company is vested in a manager or managers.

IN WITNESS WHEREOF, the undersigned, as the authorized person forming the Limited Liability Company, has executed, signed and acknowledged this Certificate of Formation this 1st day of June, 2021, and hereby declares, under the penalties of false statement, that the statements made in the foregoing Certificate of Formation are true.



Steven A. Clark
Authorized Person Forming the Limited
Liability Company

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF FORMATION OF "COBBWEAVE LLC", FILED
IN THIS OFFICE ON THE FIRST DAY OF JUNE, A.D. 2021, AT 12:15
O'CLOCK P.M.




Jeffrey W. Bullock, Secretary of State

5960806 8100
SR# 2021228853

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

Authentication: 203333806
Date: 06-01-21