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(City/State/Zip/Phone #)

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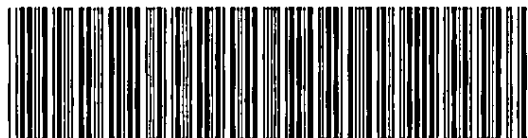
\_\_\_\_\_  
(Business Entity Name)

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ATTORNEYS

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[kcarter@huntermaclean.com](mailto:kcarter@huntermaclean.com)

January 27, 2022

Florida Department of State **VIA FEDERAL EXPRESS**  
Registration Section - Division of Corporations  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Re: MSC Cruises (USA) LLC

Dear Sir or Madam:

Enclosed please find an original and one (1) additional copy of **Application by Foreign Corporation for Authorization to Transact Business in Florida** (the "Application") and accompanying **Certificate of Good Standing for MSC Cruises (USA) LLC**, a Delaware corporation. We are also enclosing our firm's check in the amount of \$125.00 for the fee to file the Application.

After the Application has been accepted for filing, please return to our office, in the enclosed self-addressed pre-paid Federal Express envelope, a stamped file copy of it.

Thank you.

Sincerely,

Kimberly O. Carter, RP®  
Paralegal to Thomas S. Cullen

Enclosures

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. MSC Cruises (USA) 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. 52-2442243

(FEI number, if applicable)

4. January 1, 2022

(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0903, F.S. to determine penalty liability)

5. 6750 North Andrews Avenue, Suite 100

(Street Address of Principal Office)

Fort Lauderdale, Florida 33309

6. 6750 North Andrews Avenue, Suite 100

(Mailing Address)

Fort Lauderdale, Florida 33309

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

Name: Joel Dovico, Esq.

Office Address: 6750 North Andrews Avenue, Suite 100

Fort Lauderdale, Florida 33309  
(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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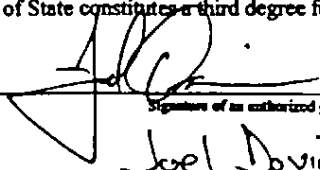
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: <u>Richard Sasso</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Ruben Rodriguez</u>
<input type="checkbox"/> Member	Address: <u>6750 North Andrews Avenue</u>	<input type="checkbox"/> Member	Address: <u>6750 North Andrews Avenue</u>
<input type="checkbox"/> Authorized	Suite 100	<input type="checkbox"/> Authorized	Suite 100
Person	<u>Fort Lauderdale, FL 33309</u>	Person	<u>Fort Lauderdale, FL 33309</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	 Name: <u>Pierfrancesco Vago</u>	 <input checked="" type="checkbox"/> Manager	 Name: <u>Giovanni Onorato</u>
<input type="checkbox"/> Member	Address: <u>6750 North Andrews Avenue</u>	<input type="checkbox"/> Member	Address: <u>6750 North Andrews Avenue</u>
<input type="checkbox"/> Authorized	Suite 100	<input type="checkbox"/> Authorized	Suite 100
Person	<u>Fort Lauderdale, FL 33309</u>	Person	<u>Fort Lauderdale, FL 33309</u>
<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  
Joel Davico  
 \_\_\_\_\_  
 Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "MSC CRUISES (USA) 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 FOURTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN  
PAID TO DATE.



3797267 8300

SR# 20220015719

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202308111

Date: 01-04-22