

M22000002309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

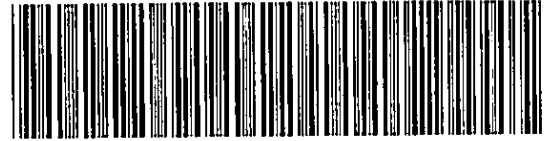
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

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072

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OCEANOS MARITIME, 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:

BLAKE OBER

Name of Person

COX & COMPANY

Firm/Company

1005 W. INDIANTOWN RD, #202

Address

JUPITER, FL 33458

City/State and Zip Code

BLAKE@COXANDCOMPANYLAW.COM

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

For further information concerning this matter, please call:

BLAKE OBER

561

747-8266

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. OCEANOS MARITIME, 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. CAYMAN ISLANDS

(Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI number, if applicable)

4. 01/01/2022

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

5. 1005 W. INDIANTOWN RD, #202
(Street Address of Principal Office)

6. 1005 W. INDIANTOWN RD, #202
(Mailing Address)

JUPITER, FL 33458

JUPITER, FL 33458

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

Name: COX & COMPANY

Office Address: 1005 W. INDIANTOWN RD, #202

JUPITER, Florida 33458
(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)

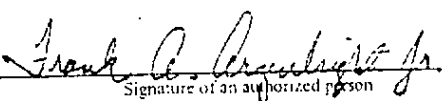
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u> | | <u>Name and Address:</u> | <u>Title or Capacity:</u> | | <u>Name and Address:</u> |
|--|----------|--------------------------------|-------------------------------------|--------------------------------|--------------------------|
| <input type="checkbox"/> Manager | Name: | OCEANOS MARITIME LTD. | <input type="checkbox"/> Manager | Name: | _____ |
| <input checked="" type="checkbox"/> Member | Address: | 1005 W Indianota | <input type="checkbox"/> Member | Address: | _____ |
| <input type="checkbox"/> Authorized | | Rd #202, Jupiter, FL | <input type="checkbox"/> Authorized | | _____ |
| Person | | 33458 | Person | | _____ |
| <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"/> 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"/> 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 | _____ |

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

FRANCIS A. ARGENBRIGHT, JR.

Typed or printed name of signer

CB-382902

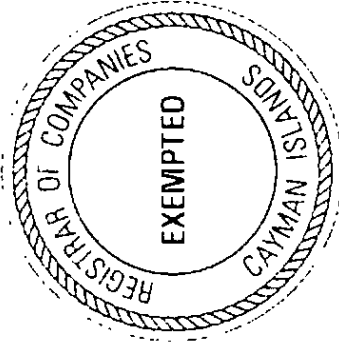
Certificate Of Good Standing

TO WHOM IT MAY CONCERN

I DO HEREBY CERTIFY that

OCEANOS MARITIME, LTD.

*a company duly organised and existing under and by virtue of the Acts of The Cayman Islands
is at the date of this certificate in Good Standing with the office, and duly authorised to
exercise therein all the powers vested in the company.*



*Given under my hand and Seal at George Town in the
Island of Grand Cayman this 10th day of February
Two Thousand Twenty-Two*

A handwritten signature in dark ink, appearing to be "Saul", written over a horizontal line.

An Authorised Officer,
Registry of Companies,
Cayman Islands.