

M22000002498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

(Business Entity Name)

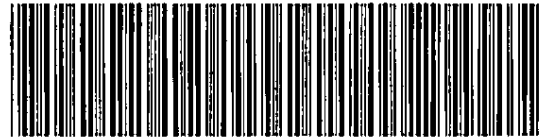
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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② WBI-91003  
① WBI-62763 SP

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S. HAWKES  
FEB - 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 8, 2021

SEACORP, LLC  
62 JOHNNY CAKE HILL RD  
MIDDLETOWN, RI 02842

SUBJECT: SEACORP, LLC  
Ref. Number: W21000062763

We have received your document for SEACORP, LLC and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Suzanne Hawkes  
Regulatory II

Letter Number: 521A00009560



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 22, 2021

SEACORP, LLC  
62 JOHNNY CAKE HILL RD  
MIDDLETOWN, RI 02842

SUBJECT: SEACORP, LLC  
Ref. Number: W21000090603

We have received your document for SEACORP, LLC and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Suzanne Hawkes  
Regulatory II

Letter Number: 221A00014118

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SEACORP, 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:

Tanya Zaleski

\_\_\_\_\_  
Name of Person

SEACORP, LLC

\_\_\_\_\_  
Firm/Company

62 Johnny Cake Hill Rd

\_\_\_\_\_  
Address

Middletown, RI 02842

\_\_\_\_\_  
City/State and Zip Code

tanyazaleski@seacorp.com ✓

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

For further information concerning this matter, please call:

Tanya Zaleski

401

847-2260

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
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. SEACORP, 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. Rhode Island  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FBI 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. 62 Johnny Cake Hill Rd  
(Street Address of Principal Office)

6. 62 Johnny Cake Hill Rd  
(Mailing Address)

Middletown, RI 02842

Middletown, RI 02842

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

Name: NRAI Services, Inc.

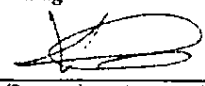
Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (Zip code)

FILED  
JUN 16 AM 10:55  
STATE  
OFFICE

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.

By:   
(Registered agent's signature) Kimberly Bowens Assistant Secretary

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: <u>Sanjeev Roy Kapani</u>	<input type="checkbox"/> Manager	Name: <u>Michael Molino</u>
<input type="checkbox"/> Member	Address: <u>1201 Wilson Blvd #2320</u>	<input type="checkbox"/> Member	Address: <u>1201 Wilson Blvd #2320</u>
<input checked="" type="checkbox"/> Authorized	<u>Arlington, VA 22209</u>	<input checked="" type="checkbox"/> Authorized	<u>Arlington, VA 22209</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input type="checkbox"/> Manager	Name: <u>David A. Lussier</u>	<input type="checkbox"/> Manager	Name: <u>Tanya Zaleski</u>
<input type="checkbox"/> Member	Address: <u>62 Johnny Cake Hill Rd</u>	<input type="checkbox"/> Member	Address: <u>62 Johnny Cake Hill Rd</u>
<input checked="" type="checkbox"/> Authorized	<u>Middletown, RI 02842</u>	<input checked="" type="checkbox"/> Authorized	<u>Middletown, RI 02842</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input type="checkbox"/> Manager	Name: <u></u>	<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u></u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u></u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>

**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.

**David Lussier**

Digitally signed by David Lussier  
Date: 2021.04.07 09:43:49 -04'00'

Signature of an authorized person

David A. Lussier

Typed or printed name of signer



*State of Rhode Island*  
**Department of State | Office of the Secretary of State**  
*Nellie M. Gorbea, Secretary of State*

## **CERTIFICATE OF GOOD STANDING**

I, Nellie M. Gorbea, Secretary of State and custodian of the seal and corporate records of the State of Rhode Island, hereby certify that:

### **SEACORP, LLC**

is a Rhode Island Limited Liability Company organized on **August 17, 1981.**

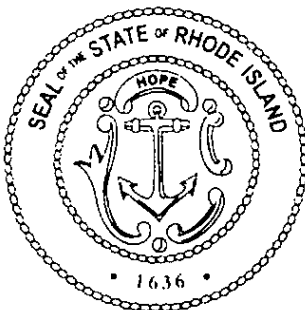
I further certify that revocation proceedings are not pending; articles of dissolution have not been filed; all annual reports are of record and the company is active and in good standing with this office.

This certificate is not to be considered as a notice of the company's tax status, financial condition or business practices; such information is not available from this office.

SIGNED and SEALED on

February 04, 2022

Secretary of State



Certificate Number: 22020017240

Verify this Certificate at: <http://business.sos.ri.gov/CorpWeb/Certificates/Verify.aspx>

Processed by: dantonelli