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(Requestor's Name)							
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PICK-UP WAIT MAIL							
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838

F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	08/26/2022	
Name:	Greg Pintacuda	_
Reference	e #: 1769491	
Entity Nar	me: HORNBLO	WER SHIPYARD, LLC
✓ Art	icles of Incorporation/Authoriza	ition to Transact Business
☐ Am	nendment	
☐ Ch	ange of Agent	2022
Re	instatement	· · · 26
Co.	nversion	−n -n
□ Ме	erger	<u></u>
Dis	solution/Withdrawal	~
☐ Fic	titious Name	
☐ Oth	ner	
Authorize	d Amount: \$125 /	
Signature	: XIX	- -

F: 800.944.6607

COVER LETTER

existence, and check are submitted to register the above referenced foreign limited liability company to transact busing	
Name of Person Hornblower Shipyard, LLC Firm/Company 222 Pearl Street Address New Albany, IN 47150 City/State and Zip Code	
Janet Nall Name of Person Hornblower Shipyard, LLC Firm/Company 222 Pearl Street Address New Albany, IN 47150 City/State and Zip Code	_
Name of Person Hornblower Shipyard, LLC Firm/Company 222 Pearl Street Address New Albany, IN 47150 City/State and Zip Code	-
Hornblower Shipyard, LLC Firm/Company 222 Pearl Street Address New Albany, IN 47150 City/State and Zip Code	
222 Pearl Street Address New Albany, IN 47150 City/State and Zip Code	
Address New Albany, IN 47150 City/State and Zip Code	
Address New Albany, IN 47150 City/State and Zip Code	2022
New Albany, IN 47150 City/State and Zip Code	
City/State and Zip Code	- 26
	P
legal@hornblower.com	- -
	2
E-mail address: (to be used for future annual report notification)	_
or further information concerning this matter, please call:	
Janet Nall 502 876-1629	
Name of Contact Person Area Code Daytime Telephone Number	_
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive Center CircleTallahassee, FL 32301	

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

	ON 605.0902, FLANICA STATUTES, THE F INESS IN THE STATE OF FLANICA:			3,133,,,,,	3,124,1	,, .		
1.	Hornblower Sh	ipyard, LL(C					
(Name of Foreign Lu	mited Liability Company; must include "Limite	d Liability Comp	any,,, "L.L.C.,,	or "LLC.,,)		-		
			_					
		rida. The alternate n	The alternate name must include "Limited Liability Company", "L.I. C_m or "I					
	Pelaware	3	86-3882447					
(Jurisdiction under the law of which foreign limited liability company is organize		3	(FEI number, if applicable)					
1								
·	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration) ine penalty liability)			-	~ 3		
Pi€	er 3			Pier 3		02?		
(Street Address of Prin		6		Mailing Address)		<u>:</u>		
				_		?		
The Emb	arcadero		The	e Embarcad	ero	رق		
						=:		
San Francisc	o, CA 94111		San Fra	incisco, CA	94111	Ξ.	'	
						2		
. Name and street address	of Florida registered agent: (P.O. Box	NOT accepta	able)					
Name:	Name: COGENCY GLOBAL INC.							
Office Address: 115 North Calhoun St. Tallahassee		uite 4	_					
			. Florida	32301				
-	(City)			(Zip code)	-			
esignated in this application comply with the provision	nce: stered agent and to accept service of p on, I hereby accept the appointment a ns of all statutes relative to the proper of my position as registered agent.	s registered a _l	gent and agi	ee to act in thi	s capacity	. I furthe	er agre	
	C _m	ومستسد	·					
	- · · · · · · · · · · · · · · · · · · ·	-	-					

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: Title or Capacity: Name and Address: Kevin Rabbitt Hornblower Group, Inc. Name: __ Manager [] Pier 3 Pier 3 Address: ___ **⋉** Member Member Address: The Embarcadero The Embarcadero Authorized Authorized San Francisco, CA 94111 San Francisco, CA 94111 Person Person ⊼|_{Other} President/CE Other____ | Other____ Other Name: ____Cameron Clark Name: _____Mitchell Randall Manager Manager Address: Pier-3 Pier 3 Address: ____ Member The Embarcadero : The Embarcadero Authorized Authorized San Francisco, CA 94111 San Francisco, CA 94111 Person Person ⊠Other_Vice Presider Adam Peakes Kristina Heney Manager Name: ____ Name: Manager Pier 3 Pier 3 Address: ____ Member Member Address: The Embarcadero The Embarcadero Authorized Authorized San Francisco, CA 94111 San Francisco, CA 94111 Person Person Nother Vice Presider ⊠|Other CFO/Secretar ___Other____ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Mitchell Randall

Typed or printed name of signee

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "HORNBLOWER SHIPYARD, 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 TWENTY-SIXTH DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HORNBLOWER SHIPYARD, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF MAY, A.D. 2021.

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

2022: 126 Pit 4-16

e at corp delaware goy/aut

Authentication: 204257342

Date: 08-26-22

5923061 8300

SR# 20223371077