

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220004196673)))



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| To:     | Division of C                                | orporatio                         | ns                                    |             |  |
|---------|--|-----------------------------------|---------------------------------------|-------------|--|
|         | Fax Number                                   | : (850)                           | 617-6383                              |             |  |
| From:   |  |                                   |                                       |             |  |
|         |  |                                   | DRPORATE CREATIONS INTERNATIONAL INC. |             |  |
|         |  | : 110432003053                    |                                       |             |  |
|         | Phone<br>Fax Number                          |                                   |                                       |             |  |
|         | ail address for<br>eport mailings.           |                                   |                                       |             |  |
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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| •  | onda Thealterna                       | te name must include "Limited Liability Company,"   | "LLC" or "l   |  |  |
|--|---------------------------------------|---|---|--|--|
|  |                                       |   |   |  |  |
| limited liability company is organized)  | 3                                     | (l'El number, il applicable)  | (l'El number, if applicable)  |  |  |
|  |                                       |   |   |  |  |
|  |                                       |   | (1)   |  |  |
| first transacted business in Florida, if prior to<br>sections 605.0904 & 605.0905, F.S. to determine | registration )<br>ne penalty liabilit | yi  | 2020-13 P.1.10: 70  |  |  |
| uite 420   | 2665                                  | South Bayshore Drive, Suite 420   | <br>دن  |  |  |
|  | 6                                     | (Mailing Address)   |   |  |  |
| Coconut Grove, FL 33133  |                                       | Coconut Grove, FL 33133   |   |  |  |
| rida registered agent: (P.O. Box   | NOT accep                             | table)  |   |  |  |
| wide Corporate Administrators  | .I.C                                  | _   |   |  |  |
| once De Leon Blvd  |                                       |   |   |  |  |
|  |                                       | <del>_</del>  |   |  |  |
|  | rida registered agent: (P.O. Box      | first transacted business in Florida, if prior to registration.) sections 605.0904 & no5 0905, F.S. to determine penalty liability uite 420 | first transacted business in Florida, if prior to registration.) sections 605,0004 & 605 (0005, E.S. to determine neutly liability) uite 420  6.  (Ntailing Address)  Coconut Grove, FL 33133  rida registered agent: (P.O. Box NOT acceptable)  lwide Corporate Administrators LLC |  |  |

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.

Worldwide Corporate Administrators LLC

By: Lauren Underwood, Attorney-in-Fact

(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]:

| Title or Capacity: | Name and Address:                  | Title or Capacit | <u>7:</u>   | Name and Address: |
|--------------------|------------------------------------|------------------|-------------|-------------------|
| ≣Manager           | Name: Nova Madueno Bailon          | □Manager         | Name:       | ····              |
| □Member            | Address: 2665 South Bayshore Drive | □Member          | Address:    |                   |
| □Authorized        | Suite 420                          | □Authorized      |             |                   |
| Person             | Coconut Grove, FL 33133            | Person           |             |                   |
| □Other             | □Other                             | □Other           | <del></del> | □Other            |
|                    |                                    |                  |             | 7C27 V            |
| □Manager           | Name:                              | □Manager         | Name:       | <u> </u>          |
| □Member            | Address:                           | □Member          | Address:    | <u>ω</u>          |
| □Authorized        |                                    | □Authorized      | <del></del> | ::<br>            |
| Person             |                                    | Person           |             | 7.0               |
| Other              | Other                              | □Other           |             | □Other            |
|                    |                                    |                  |             |                   |
| ⊡Manager           | Name:                              | □Manager         | Name:       |                   |
| □Member            | Address:                           | □Member          | Address:    |                   |
| □Authorized        |                                    | ☐ Authorized     |             |                   |
| Person             |                                    | Person           |             | ·                 |
| □Other             | Other                              | □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.

Your Utilian Signature of an authorized person

Nova Madueno Bailon, MGR, By: Lauren Underwood, Attorney-in-Fact

## THE REPUBLIC OF THE MARSHALL ISLANDS REGISTRAR OF CORPORATIONS

## CERTIFICATE OF GOODSTANDING

I HEREBY CERTIFY. That I have made a diligent examination of the files of The Trust Company of the Marshall Islands, Inc., Registrar of Corporations for non-resident limited liability companies, in respect of all instruments filed in accordance with § 14 of the Marshall Islands Business Limited Liability Company Act regarding

## MAMI TOT MARINE LLC Registration Number 965357

formed on

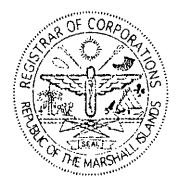
August 25, 2021

and with Registered Agent

The Trust Company of the Marshall Islands Inc.
Trust Company Complex
Ajeltake Road, Ajeltake Island
Majuro, Marshall Islands MH96960



and upon such examination, I find no filed or recorded instruments that would contravene that such limited liability company is and remains a subsisting limited liability company and that the limited liability company has paid all taxes and fees due and payable and, therefore, is in good standing as of the date hereon.



WITNESS my hand and the official seal of the Registry on December 8, 2022.

Domonique Robinson Deputy Registrar