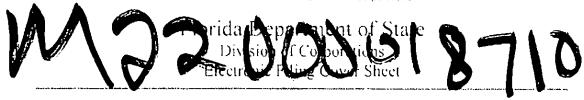
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Division of Corporations



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.

(((H22000420175 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LICENSES ETC INC Account Number : I20070000159 : (239)777-1028

Phone Fax Number

: (877)275-3593

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: <u>SUPPORT@LICENSESETC.COM</u>

Foreign Limited Liability Company MARINE ALUMINUM PRODUCTS LLC

Certificate of Status	
Certified Copy	l j
Page Count	06
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Help

COVER LETTER

ECT:	MARINE ALUMINUM PRODUCTS,LLC		
	Name	e of Limited Liability Company	
		Company for Authorization to Transact Business in Florida, referenced foreign limited liability company to transact business.	
return al	ll correspondence concerning this matter to	o the following:	
	LISA ADAMS		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	LICENSES, ETC., INC.		
		Firm/Company	
	27911 CROWN LAKE BLVD., SUITE #211		
	Address		
	BONITA SPRINGS, FL 34135		, ::1
	C	ity/State and Zip Code	
	SUPPORT@LICENSESETC.COM		ئ سد
	E-mail address: (to be	used for future annual report notification)	
rther info	ormation concerning this matter, please cal	il:	
LIŠA	ADAMS	239 777-1028	
	Name of Contact Person	at t) Area Code Daytime Telephone Number	
Regis Divis P.O.	ngAddress: stration Section sion of Corporations Box 6327 hassee, FL 32314	StreetAddress: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

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

IN COMPLIANCE WITH SECTION 65(10)2, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED DABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate i	name adopted for the purpose of transacting business in Honda. I	se afternue name must meli de "I muted I jability Co	enpany (14.1), Cor "ELC			
LOUISIANA		02-0713882				
(Burseliction under the law of which (oreign limited liability company is organized)		3. (114 number of applicable)				
	Dute first transacted business in Florida, if prior to registrat (See sections 605 0964 & 605 0905, f. 8, to determine penal	iv papitik i				
1529 HWY 665	,	1529 HWY 665				
cet Address of Principal Office;	6	(Mading Address)	•~>			
MONTEGUT, LA 70377		MONTEGUT, LA 70377	77			
	<u> </u>		•			
			<u></u>			
			Ŀi.			
Name and street address	ss of Florida registered agent: (P.O. Box <u>NO l</u>	_acceptable)				
Name:	LICENSES, ETC., INC.		.) gr			
. varie.	27911 CROWN LAKE BLVD., SUITE #21					
Office Address:		<u>.</u>				
	BONITA SPRINGS	, Florida Zip coder				
	{(K) }	- Zip code)				

(Registered agent's signature)

8	For initial indexing purposes,	list names, ti	itle or capacity a	nd addresses of	the primary	membera'n	tanagers or	persons a	uthorized te
1134	mage Jup to six (6) totall								

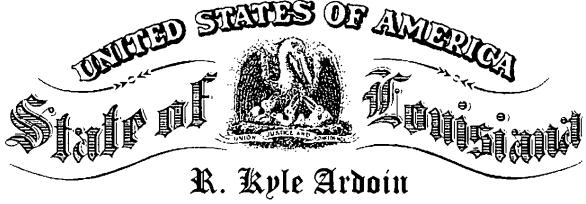
Title or Capacity:	Name and Address:	Title or Capacity	<u>Y!</u>	Name and Address:
DM:mager	Name: MONIQUE NAQUIN	□ Manager	Name	
□Member	1529 HWY 005 Address:	<u> </u>	Address	
□Authorrzed	MONTEGUT, LA 70377	☐ Authorized		
Person		Person		
■ Other AMBR			<u></u>	HOther
⊒Manager	Name: CHAD NAQUIN	⊒ Manager	Nune	
DMember	Address: 1529 HWY 605	□Meniber	Address	
□Authorized	MONTEGUE, LA 70377	Authorized		
Person		Person		
≣Other	Other	Other	-	DOther 5
_DM:mager	Name:	.II Managei	Name	(J)
□Member	Address:	E Member	Address:	
⊒Authorized				
Person		Person		
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Important Nonce. 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

0. This document is executed i	in accordance with section	n 605 0203 (1) (h), Flerid	la Statutes. Lam avvir e tha	cany false information
submitted in a document to the I	Department of State const	itutes a third degree felor	iv as provided for in s 817	.155, F.S.

	Tonique Nagum	
MONIQUE NAQUIN		

^{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 outh of the translator must be submitted).



SECREDARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that

MARINE ALUMINUM PRODUCTS, L.L.C.

A limited liability company domiciled in MONTEGUT, LOUISIANA,

Filed charter and qualified to do business in this State on January 02, 2004,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

December 14, 2022

R 12fe 162 Secretary of State

Web 35607947K



Certificate ID: 11661157#LJH62

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov