

M23000002382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

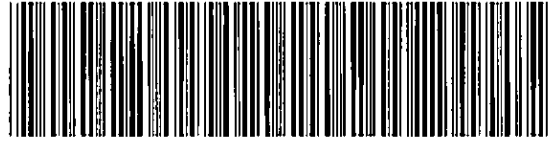
(Business Entity Name)

(Document Number)

Red Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/23/23--01008--011 **5.00

02/03/23--01004--018 **120.00

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FILED

2023 FEB 20 PM 12:43

FEB 23 2023
K. Brumby



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 3, 2023

CHRISTINA NANTZ
7939 HONEYGO BLVD., STE. 217
NOTINGHAM, MD 21236

SUBJECT: SHIPYARD ENGINEERING, LLC
Ref. Number: W23000014620

We have received your document for SHIPYARD ENGINEERING, LLC and your check(s) totaling \$120.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file an LLC is \$125.00. Please return with a check or money order for an additional \$5.00. Also please include a letter stating that entity that you recently dissolved will not be reopened and you wish to use that name on the foreign application.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 523A00002623

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FEB 20 2023



Shipyard Engineering, LLC

2/15/2023

Kyle D Brumbley | Regulatory Specialist II Supervisor
Florida Department of State
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Subject: Shipyard Engineering, LLC Ref. Number W23000014620

Mr. Brumbley

Shipyard Engineering, LLC the limited liability company that was filed on January 9, 2023, and effective January 3, 2023, document number L23000018979 was dissolved on January 19, 2023, will not be reopened and we wish to use that name on our foreign application.

If you have any questions or need additional information, please contact Christina Nantz at 443-900-7867.

Sincerely,

A handwritten signature in black ink that reads "Christina Nantz". The signature is written in a cursive, flowing style.

Christina Nantz
Business Manager\Director of Operations

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Shipyard Engineering, 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:

Christina Nantz

Name of Person

Shipyard Engineering, LLC

Firm/Company

7939 Honeygo Blvd, Ste 217

Address

Nottingham, MD 21236

City/State and Zip Code

cnantz@shipyardengineering.com

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

For further information concerning this matter, please call:

Christina Nantz

410

692-4337

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

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JAN 20 2011

**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. Shipyards Engineering 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. Maryland 3. 45-2460244
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 2/2019
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 7939 Honeygo Blvd, Ste 217 6. 7939 Honeygo Blvd, Ste 217
(Street Address of Principal Office) (Mailing Address)

Nottingham, MD 21236

Nottingham, MD 21236

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

Name: C T Corporation System
Office Address: 1200 S. Pine Island Road
Plantation, Florida 33324
(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.

Nichol McCroy Nichol McCroy, Assistant Secretary
(Registered agent's signature)

2023 FEB 20 PM 12:43
FILED
APPROVED
AND
FILED

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:**

☐ Manager Name: John L. Watts

☒ Member Address: 7939 Honeygo Blvd, Ste 217

☐ Authorized _____

 Nottingham, MD 21236

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

 Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

 Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Christina Nantz

☐ Member Address: 7939 Honeygo Blvd, Ste 217

☒ Authorized _____

 Person Nottingham, MD 21236

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

 Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

 Person _____

☐ 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.

Christina Nantz
Signature of an authorized person

Christina Nantz

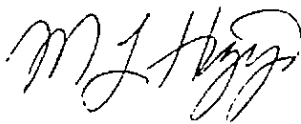
Typed or printed name of signee

STATE OF MARYLAND
Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT SHIPYARD ENGINEERING LLC (W14135834), REGISTERED MAY 20, 2011, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JANUARY 19, 2023.



Michael L. Higgs
Director



301 West Preston Street, Baltimore, Maryland 21201
Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

Online Certificate Authentication Code: 9h3QPhAdS0eW2Dn1Ay-PAA
To verify the Authentication Code, visit <http://dat.maryland.gov/verify>