

M23000005172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

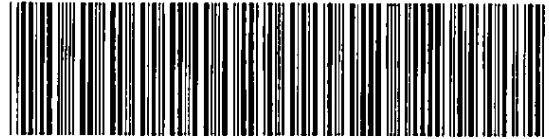
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 APR 14 PM 12:14

FILED
APR 14 2023
FBI - PHOENIX

APR 22 2023

Brumby



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 12, 2023

VANESSA DURAN
300 ARAGON AVE.
SUITE 375
CORAL GABLES, FL 33134

SUBJECT: COMSA MARINE USA LLC
Ref. Number: W23000033865

We have received your document for COMSA MARINE USA LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN CORP, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

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) 245-6053.

Yvette Scott
Supervisor

Letter Number: 723A00005740

RECEIVED

APR 12 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: COMSA MARINE USA 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:

Vanessa Duran

Name of Person

Accountant & Business Consultants Inc

Firm/Company

300 Aragon Ave Suite 375

Address

Coral Gables, FL 33134

City/State and Zip Code

vanessa@dccaccounting.com

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

For further information concerning this matter, please call:

Vanessa Duran

786

4744322

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. COMSA MARINE USA 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. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 38-3926548

(FEI number, if applicable)

4. 10/17/2013

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

5. 300 ARAGON AVE SUITE 375

(Street Address of Principal Office)

6.

(Mailing Address)

CORAL GABLES, FL

33134

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

Name:

ACCOUNTANT & BUSSINESS CONSULTANTS INC

Office Address:

300 ARAGON AVE SUITE 375

CORAL GABLES

(City)

, Florida

33134

(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.



(Registered agent's signature)

2023 APR 14 PM 12:14

FILED
APR 14 2023
CLERK OF COURT
JACKSONVILLE

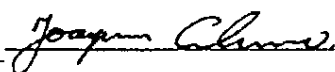
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: JOSE J ALAMO NAVARRO	<input type="checkbox"/> Manager	Name: RACHEL DAWN ROTH
<input type="checkbox"/> Member	Address: CALLE LAS PALMAS	<input checked="" type="checkbox"/> Member	Address: CALLE LAS PALMAS
<input type="checkbox"/> Authorized	55 PENINSULA, MANSANILLO	<input type="checkbox"/> Authorized	55 PENINSULA, MANSANILLO
Person	COLINA, 28869 MEXICO	Person	COLINA, 28869 MEXICO
<input checked="" type="checkbox"/> Other	PRESIDENT	<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name: RUBEN ALAMO NAVARRO	<input type="checkbox"/> Manager	Name: GUSTAVO OSPINA LEON
<input type="checkbox"/> Member	Address: CALLE LAS PALMAS	<input checked="" type="checkbox"/> Member	Address: 394 CONSERVATION DR
<input type="checkbox"/> Authorized	55 PENINSULA, MANSANILLO	<input type="checkbox"/> Authorized	WESTON, FL
Person	COLINA, 28869 MEXICO	Person	33327 USA
<input checked="" type="checkbox"/> Other	VICEPRESIDENT	<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name: JESUS R ALAMO NAVARRO	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address: CALLE LAS PALMAS	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized	55 PENINSULA, MANSANILLO	<input type="checkbox"/> Authorized	
Person	COLINA, 28869 MEXICO	Person	
<input checked="" type="checkbox"/> Other	VICEPRESIDENT	<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> 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.



Signature of an authorized person

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COMSA MARINE USA 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 SIXTH DAY OF FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COMSA MARINE USA LLC" WAS FORMED ON THE SEVENTEENTH DAY OF OCTOBER, A.D. 2013.

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



5417090 8300

SR# 20230381517

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202646358

Date: 02-06-23