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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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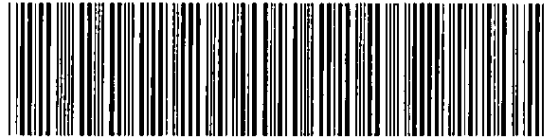
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Pine Island Redfish 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:

Megan Sorby

Name of Person

Firm/Company

8 Goldenrod Lane

Address

Lamoine, Maine 04605

City/State and Zip Code

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

For further information concerning this matter, please call:

Megan Sorby

502

387-8673

Name of Contact Person

at (_____) _____

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. Pine Island Redfish 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 3. 93-2562712
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. N/A - No Transactions
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3000 Williamsburg Street 6. 4401 Gulf of Mexico Drive, Unit 1105
(Street Address of Principal Office) (Mailing Address)
Sarasota, FL 34231 Longboat Key, FL 34228


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

Name: Megan Sorby
Office Address: 3000 Williamsburg Street
Sarasota, Florida 34231
(City) (Zip code)

FILED
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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)

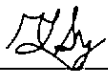
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: <u>Megan Sorby</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Beso26, LLC</u>
<input type="checkbox"/> Member	Address: <u>3000 Williamsburg Street</u>	<input checked="" type="checkbox"/> Member	Address: <u>7164 Melrose Avenue</u>
<input type="checkbox"/> Authorized	<u>Sarasota, FL 34231</u>	<input type="checkbox"/> Authorized	<u>Los Angeles, CA 90046</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>
<input type="checkbox"/> Manager	Name: <u>RAS Dream, Inc.</u>	<input type="checkbox"/> Manager	Name: <u>Terra Mare B.V.</u>
<input checked="" type="checkbox"/> Member	Address: <u>801 S. Grand Avenue</u>	<input checked="" type="checkbox"/> Member	Address: <u>2 Van Breestraat 1071ZP</u>
<input type="checkbox"/> Authorized	<u>Suite 2009</u>	<input type="checkbox"/> Authorized	<u>Amsterdam, The Netherlands</u>
Person	<u>Los Angeles, CA 90017</u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>
<input type="checkbox"/> Manager	Name: <u>1 Fish 2 Fish Redfish LLC</u>	<input type="checkbox"/> Manager	Name: <u></u>
<input checked="" type="checkbox"/> Member	Address: <u>3000 Williamsburg Street</u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u>Sarasota, FL 34231</u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>

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

Megan Sorby

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF FORMATION OF "PINE ISLAND REDFISH,
LLC", FILED IN THIS OFFICE ON THE TWENTIETH DAY OF JULY, A.D.
2023, AT 2:08 O'CLOCK P.M.



7580786 8100
SR# 20233043844

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

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

Jeffrey W. Bullock, Secretary of State

Authentication: 203793978
Date: 07-20-23

STATE OF DELAWARE
CERTIFICATE OF FORMATION
OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is Pine Island Redfish, LLC

2. The Registered Office of the limited liability company in the State of Delaware is located at 2140 S Dupont Highway _____ (street), in the City of Camden _____, Zip Code 19934 _____. The name of the Registered Agent at such address upon whom process against this limited liability company may be served is Paracorp Incorporated _____

By: Megan Sorby
Authorized Person

Name: Megan Sorby
Print or Type