## M23000000959

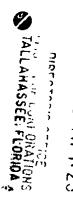
	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

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## COVER LETTER

TO:

Registration Section

Div	ision of Corporations					
SUBJECT:	Aloha Marine Florida, LLC  Name of Limited Liability Company					
BODGLE I.						
		ility Company for Authorization to Transact Business in Florida," Certificate of love referenced foreign limited liability company to transact business in Florida.				
Please return	all correspondence concerning this ma	tter to the following:				
	Logan S. Parker					
	Name of Person					
	Bass Sox Mercer					
		Firm/Company				
	2822 Remington Green Circle					
		Address				
	Tallahassee, FL 32308					
	<del> </del>	City/State and Zip Code				
	lparker@bsm-law.com					
	E-mail address: (	to be used for future annual report notification)				
For further in	iformation concerning this matter, pleas	se call:				
Lo	gan Parker	850 878-6404 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				
Plea	losed is a check for the following amounts make check payable to: FLORIDA \$125.00 Filing Fee \$130.00 Filing Certific	DEPARTMENT OF STATE				

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

IN COMPLIANCE WITH SECTION (05.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

f name unavailable, enter alternate i	name adopted for the purpose of transacting business in Flo	orida. The alte	ernate name must include "Lamited Liability Company," "L.L.C	," or "1.1.0
State of Delaware		3		
(Jurisdiction under the law of which foreign limited liability company is organized)		J	3. (FEI number, if applicable)	
·				
	(Date first transacted business in Florida, if prior to r (See sections 605 0904 & 605 0905, F.S. to determine	egistration ) ne penalty lial	ibilay)	
treet Address of Principal Office)		6	6(Mailing Address)	
555 Old School Road		555 Old School Road		
Gulf Stream, FL 33483		Gulf Stream, FL 33483		
. Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Box	NOT acc	ceptable)	
Name:	Bass Sox Mercer			
Office Address:	2822 Remington Green Circle		<u> </u>	
	Tallahassee		32308 , Florida	
	(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 of registered agent.

(stered 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 Jun to six (6) totall:

manage   up to six (6	6) total]:	, ,	
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name: John M. Smith, Jr.	□Manager	Name: Thomas E. Marvin
□Member	Address:555 Old School Road	□Member	Address: 11460 SW Waldorf Court
□Authorized	Gulf Stream, FL 33483	□Authorized	Port St. Lucie, FL 34987
Person		Person	
□Other		Other Secretary	
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	Other	Other
indexed individuals  9. Attached is a cert	Ise an attachment to report more than six (6). may be added to the index when filing your Fificate of existence, no more than 90 days old	The attachment will be ima florida Department of State , duly authenticated by the	aged for reporting purposes only. Ne Annual Report form.  official having custody of records
	e law of which it is organized. (If the certifica		
10. This document i submitted in a docu	is executed in accordance with section 605.02 ment to the Department of State constitutes a t	03 (1) (b), Florida Statutes. hird degree felony as provi	.1 am aware that any false information ded for in s.817.155, F.S.

Typed or printed name of signee

Logan S. Parker, Counsel

Signature of an authorized person

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ALOHA MARINE FLORIDA, 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 FIFTEENTH DAY OF AUGUST, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALOHA MARINE FLORIDA, LLC" WAS FORMED ON THE THIRD DAY OF MARCH, A.D. 2023.

THE PARTY OF THE P

Authentication: 203970482

Date: 08-15-23

7358946 8300 SR# 20233249790