# Mazonayay

(Req	uestor's Name)	,		
(Add	ress)			
(Add	ress)			
(City	/State/Zip/Phon	e #)		
☐ PICK-UP	WAIT	MAIL		
(Bus	iness Entity Na	me)		
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



300415882593

09/19/23--01027--009 \*\*160.00



کلی: ریز ۱۱ مانتانک

### **COVER LETTER**

TO:	Registration Section Division of Corporations		<i>3</i> *		
	BoomShip LLC		-		
SUBJ	JECT:				
		me of Limited Liability Company			
The el Existe	nclosed "Application by Foreign Limited Liability ence, and check are submitted to register the above	y Company for Authorization to Transact Business in Florida," Co e referenced foreign limited liability company to transact business	ertificate o s in Florida		
Please	e return all correspondence concerning this matter	to the following:			
	Aaron Cordovez				
	Name of Person				
	BoomShip LLC				
	Firm/Company				
	1050 Kapp Drive, Clearwater, Florid	a			
		Address			
	Clearwater, Florida 33765				
		City/State and Zip Code			
	aaron@zulay.net				
	E-mail address: (to b	pe used for future annual report notification)			
or fur	rther information concerning this matter, please ca	all:			
	Aaron Cordovez	707 2399145			
		at ( )			
	Name of Contact Person	Area Code Daytime Telephone Number			
	Mailing Address:	Street Address:			
	Registration Section	Registration Section			
Division of Corporations P.O. Box 6327		Division of Corporations			
		The Centre of Tallahassee			
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810			
		Tallahassee, FL 32303			
	Enclosed is a check for the following amount:				
	Please make check payable to: FLORIDA DEI				
	□ \$125.00 Filing Fee □ \$130.00 Filing Fe				
	Certificate of	of Status Certified Copy of Status & Certified	I Copy		

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

<i>OMPANYTOTRAN</i> SAC <i>TBU</i> BoomShip LLC	TION 605.0902, FLORIDA STATUTES, THE FO SINESS IN THE STATE OF FLORIDA:			A FOREIGN-LIMITED LIABI.
(Name of Foreign BoomShip 3PL Services I	Limited Liability Company; must include "Limite A.C.	Hiability Con	ipany," "L.L.C.," or "LLC.")	
Wyoming	name adopted for the purpose of transacting business in Fl hich foreign limited hability company is organized)		ste name must include "Limited Liabili 295()59() (FEI number, if	
NA 1 July	2023			
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determine	egistralion )		<del>_</del>
6303-126th Ave Ste Z	(See sections 605 6704 & 605 6705, F.S. to determi		3) 3-126th Ave Ste Z	
reet Address of Principal Office)		6	(Mailing Address)	
Largo, FL 33773		f		
	. <u> </u>		o, FL 33773	
				. <b>₹3</b>
				• • •
Name and street address	ss of Florida registered agent: (P.O. Box	NOT accep	etable)	•
	Aaron Cordovez			
Name:				<del></del>
ivaine:	1050 Kana Da			<del></del>
	1050 Kapp Dr			1/2
Office Address:				U)
	Clearwater		33765	
			, Florida	<u></u>
	(City)	-	(Zip code)	<del>_</del>

#### 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) Sept 11, 207 3

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: Title or Capacity: Name and Address: Whitney Cordovez □Manager Name: \_\_ Name: \_\_\_\_\_ □ Manager 423 Lotus Path **■**Member Address: ☐Member Address: \_\_\_\_ Clearwater, FL 33756 □ Authorized ☐ Authorized Person Person □Other\_\_\_\_ Other\_\_\_\_\_ □Other\_\_ \_\_\_\_ □Other Name: \_\_\_\_\_ □Manager □ Manager ☐ Member Address: \_\_\_\_\_ □Member Address: □ Authorized □ Authorized Person Person □Other\_\_\_\_ □Other\_\_\_\_ □Other\_\_\_\_ Other\_\_\_\_ □ Manager □ Manager Name: \_\_\_\_ □Member Address: □ Member Address: \_\_\_\_\_ □ Authorized □ Authorized Person Person □Other\_\_\_\_ □Other\_\_\_\_\_ □Other\_\_\_\_ □Other\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

Typed or printed name of signee

Whitney Cordovez

## WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

BoomShip LLC
of
(Name of Limited Liability Company)
a limited liability company duly organized and existing under the laws of
Wyoming
(State or Country of Organization)
Because the name of this foreign limited liability company does not satisfy the
equirements of the s. 605.0112, F.S., the limited liability company hereby adopts the
ollowing name to transact business in the state of Florida:  BoomShip 3PL Services LLC
Name to be used by limited liability company in Florida. NOTE: Name must contain Limited Liability company, L.L.C., or LLC.)
1/1/1/1/2 Sept 11,2023
Signature Authorized Person Date

## STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

### **BoomShip LLC**

is a

## **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **March 16, 2023**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2023-001238991**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 8th day of September, 2023 at 8:47 AM. This certificate is assigned ID Number 064990429.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.

## STATE OF WYOMING \* SECRETARY OF STATE BUSINESS DIVISION

Herschler Bldg East, Ste.100 & 101, Cheyenne, WY 82002-0020 Phone: 307-777-7311 · Website: https://sos.wyo.gov · Email: business@wyo.gov

## Validation of Certificate of Good Standing for Certificate Issued 09/08/2023

Validation Certificate Generated: September 8, 2023

Certificate number 064990429 is a valid number for a certificate of good standing issued by the Wyoming Secretary of State's office for **BoomShip LLC**, a **Limited Liability Company** formed or qualified under the laws of Wyoming on **03/16/2023**.