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**Foreign Limited Liability Company
Crowley Latin America Services, LLC**

Certificate of Status	1
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Page Count	03
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11/13/2023 11:51
 DIVISION OF CORPORATIONS
 FLORIDA
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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. Crowley Latin America Services, 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. Cayman Islands
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

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

5. c/o Campbells Corporate Services Limited, Floor 4
(Street Address of Principal Office)

6. 9487 Regency Square Blvd.
(Mailing Address)

Willow House, Cricket Square

Jacksonville, FL 32225

Grand Cayman, Cayman Islands KY1-9010

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

Name: Corporate Creations Network Inc.

Office Address: 801 US Highway 1

North Palm Beach, Florida 33408
(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.



Saray Djidji, Special Secretary

(Registered agent's signature)

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 TALLAHASSEE, FL

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: Raymond F. Fitzgerald

☐ Member Address: 9487 Regency Square Blvd.

☐ Authorized Jacksonville, FL 32225

Person _____

☒ Other Director ☐ Other _____

☐ Manager Name: Brett H. Bennett

☐ Member Address: 9487 Regency Square Blvd.

☐ Authorized Jacksonville, FL 32225

Person _____

☒ Other Senior Vice President ☐ Other _____

☐ Manager Name: Daniel L. Warner

☐ Member Address: 9487 Regency Square Blvd.

☐ Authorized Jacksonville, FL 32225

Person _____

☒ Other CFO ☐ Other _____

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

☐ Manager Name: Thomas B. Crowley, Jr.

☐ Member Address: 9487 Regency Square Blvd.

☐ Authorized Jacksonville, FL 32225

Person _____

☒ Other Director ☐ Other _____

☐ Manager Name: Reece B. Alford

☐ Member Address: 9487 Regency Square Blvd.

☐ Authorized Jacksonville, FL 32225

Person _____

☒ Other Secretary ☐ Other _____

☐ Manager Name: Norman S. Himes, Jr.

☐ Member Address: 9487 Regency Square Blvd.

☐ Authorized Jacksonville, FL 32225

Person _____

☒ Other Vice President ☒ Other Treasurer

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

Saray Djidji, Attorney in Fact

Typed or printed name of signee

Crowley Latin America Services, LLC

CONT. 8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage:

Arthur F. Mead, III
Assistant Secretary
9487 Regency Square Blvd.
Jacksonville, FL 32225

Tony R. Otero
Assistant Treasurer
9487 Regency Square Blvd.
Jacksonville, FL 32225

Bryan C. Smith
Assistant Treasurer
9487 Regency Square Blvd.
Jacksonville, FL 32225

Richard D. Lamb, Jr.
Assistant Treasurer
9487 Regency Square Blvd.
Jacksonville, FL 32225

CB-214221

Certificate Of Good Standing

TO WHOM IT MAY CONCERN

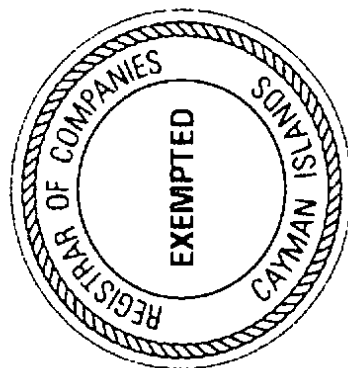


Crowley Latin America Services, LLC

a company duly organised and existing under and by virtue of the Acts of The Cayman Islands is at the date of this certificate in Good Standing with the office and duly authorised to exercise therein all the powers vested in the company.

Given under my hand and Seal at George Town in the Island of Grand Cayman this 16th day of October Two Thousand Twenty-Three

An Authorised Officer,
Registry of Companies,
Cayman Islands.



Authorisation Code : 630079262584
www.verify.gov.ky
16 October 2023