

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

Office Use Only



1, 1, 14

T. LEMIEUX

COVER LETTER

TO: Registration Section Division of Corporations

Top Notch Marine, LLC

SUBJECT:

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:

	Name of Person
Pagliery Law Firm, PLLC	
	Firm/Company
8788 SW 8 Street	
	Address
Miami, FL 33174	
C	ity/State and Zip Code
briancarvajal@pagliery.com	
E-mail address: (to be	used for future annual report notification)
er information concerning this matter, please cal	1:
Brian Carvaial	305 228-7672
· · · · · · · · · · · · · · · · · · ·	at ()
Brian Carvajal Name of Contact Person	
	at () Area Code Daytime Telephone Number Street Address:
Name of Contact Person Mailing Address:	at () Area Code Daytime Telephone Number <u>Street Address:</u> Registration Section
Name of Contact Person <u>Mailing Address:</u> Registration Section Division of Corporations	at () Area Code Daytime Telephone Number Street Address: Registration Section Division of Corporations
Name of Contact Person Mailing Address: Registration Section	at () Area Code Daytime Telephone Number <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee
Name of Contact Person <u>Mailing Address:</u> Registration Section Division of Corporations	at () Area Code Daytime Telephone Number Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
Name of Contact Person <u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327	at () Area Code Daytime Telephone Number <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee
Name of Contact Person <u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	at () Area Code Daytime Telephone Number Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
Name of Contact Person <u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314 Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEF	at () Area Code Daytime Telephone Number Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Name of Contact Person <u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount:	at () Area Code Daytime Telephone Number Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 PARTMENT OF STATE e & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee

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:
∎Manager	Name:	Manager	Name:
□Member	500 SW Yacht Basin Way	□Member	500 SW Yacht Basin Way Address:
□Authorized	Stuart, FL 34997	Authorized	Stuart, FL 34997
Person		Person	
Other	Other	Other	Other
□Manager	Name:	Manager	Name:
Member	Address:	Member	Address:
Authorized	<u></u>	Authorized	
Person		Person	
Other	Other	Other	Other
Manager	Name:	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.

Signature of an authorized person

Vincent F. Sabia, Jr.

Typed or printed name of signee

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:

Top Notch Marine, LLC

93-4117719 3
egistration.) ne penalty liability) 6000 N. US Hwy 1 6
6000 N. US Hwy 1 6
6000 N. US Hwy 1 6
6000 N. US Hwy 1 6
Melbourne, FL 32940
<u>NOT</u> acceptable)
33174
-

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.

BRIAN P. CARVAJAL (Registered agent's signature)



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TOP NOTCH MARINE, 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 THIRTIETH DAY OF OCTOBER, A.D. 2023.



Bullock, Secretary of State Jeffrey W.

Authentication: 204473721 Date: 10-30-23

Page 1

7673521 8300

SR# 20233835404 You may verify this certificate online at corp.delaware.gov/authver.shtml