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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : KATZ BASKIES & WOLF PLLC  
Account Number : I20080000071  
Phone : (561)910-5700  
Fax Number : (561)910-5701

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: jeff.baskies@katzbaskies.com

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TALLAHASSEE, FLORIDA

Foreign Limited Liability Company  
SURGE SAIL RACING LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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Electronic Filing Menu

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May 13, 2024

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

KATZ BASKIES & WOLF PLLC

SUBJECT: SURGE SAIL RACING LLC  
REF: W24000073862

We have received your document for SURGE SAIL RACING LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Corey Pettway  
Regulatory Specialist II

FAX Aud. #: H24000170537  
Letter Number: 424A00010433

H24000170537 3

COVER LETTER

TO: Registration Section  
Division of Corporations

SURGE SAIL RACING 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:

Jeffrey A. Baskies

\_\_\_\_\_  
Name of Person

Katz Baskies & Wolf PLLC

\_\_\_\_\_  
Firm/Company

3020 North Military Trail Suite 100

\_\_\_\_\_  
Address

Boca Raton, FL 334312

\_\_\_\_\_  
City/State and Zip Code

jeff.baskies@katzbaskies.com

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

For further information concerning this matter, please call:

Jeffrey A. Baskies

561

910-5700

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

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

H24000170537 3

H24000170537 3

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. Surge Sail Racing 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. Rhode Island
(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. in determining penalty liability)

5. 2821 S BAYSHORE DRIVE
(Siteet Address of Principal Office)
UNIT 9A
MIAMI, FL 33133

6. 2821 S BAYSHORE DRIVE
(Mailing Address)
UNIT 9A
MIAMI, FL 33133

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

Name: Katz Baskies & Wolf PLLC
Office Address: 3020 North Military Trail Suite 100
Boca Raton, Florida 33431
(City) (Zip code)

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24 MAY 16 AM 3:56

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)

H24000170537 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):

<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: Ryan McKillen	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 2821 S BAYSHORE DRIVE	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	Unit 9A Miami, FL 33133	<input type="checkbox"/> Authorized Person	_____ _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____


<input checked="" type="checkbox"/> Manager	Name: John Wallace	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 2821 S BAYSHORE DRIVE	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	Unit 9A Miami, FL 33133	<input type="checkbox"/> Authorized Person	_____ _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____ _____	<input type="checkbox"/> Authorized Person	_____ _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**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  
 Jeffrey A. Baskies, Authorized Person  
 \_\_\_\_\_  
 Typed or printed name of signer



State of Rhode Island  
Department of State | Office of the Secretary of State  
Gregg M. Amore, Secretary of State

### CERTIFICATE OF GOOD STANDING

I, Gregg M. Amore, Secretary of State and custodian of the seal and corporate records of the State of Rhode Island, hereby certify that:

#### SURGE SAIL RACING LLC

is a Rhode Island Limited Liability Company organized on **July 18, 2018**.

I further certify that revocation proceedings are not pending; articles of dissolution have not been filed; all annual reports are of record and the company is active and in good standing with this office.

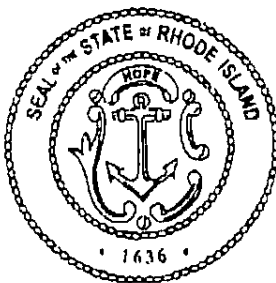
This certificate is not to be considered as a notice of the company's tax status, financial condition or business practices; such information is not available from this office.

SIGNED and SEALED on

May 14, 2024

Handwritten signature of Gregg M. Amore in black ink.

Secretary of State



Certificate Number: 24050053070

Verify this Certificate at: <http://business.sos.ri.gov/CorpWeb/Certificates/Verify.aspx>

Processed by: danionelli