

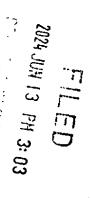
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T. LEMIEUX

JUN 1 8 2024

COVER LETTER

SUBJECT: JNJ YACHT	SERVICES LLC.
N	ame of Limited Liability Company
The enclosed "Application by Foreign Limited Liabil Existence, and check are submitted to register the about	ity Company for Authorization to Transact Business in Florida," Certificate of ove referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matt	er to the following:
JEFF D.	Name of Person
JNJ YACH-	T SERVICES LLC. Firm/Company
2413 KEY 1	LARGO LANE,
•	City/State and Zip Code 2 Yahoo . Com o be used for future annual report notification)
Confinition in formation agreement this motton whose	and the second s
Teff M'ELRoy Name of Contact Person	at (360) 808 - 2009 Area Code Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	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 I \$125.00 Filing Fee \$130.00 Filing Certifics	DEPARTMENT OF STATE

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

COMPANY TO TRANSACT BU	TION 605.0002, FLORIDA STATUI SINESS IN THE STATE OF FLORID ACHT SERVIO Limited Liability Company; must incl).4:·		R A FOREIGN LIMITED	LIABILITY
·					
	Shahe hich foreign limited liability company is or		name must include "Limited Lial 604 - 982 (Fill number		
4. MAJ.	(Date first transacted business in Flor (See sections 605.0904 & 605.0905,	2024 ida, if prior to registration.) F.S. to determine penalty liability)			
5. 2413 Key (Street Address of Principal Office)	Largo Lane		2413 KEY /		
FORT LANder	dale, FL.	<u>1-0</u>	et Lauder	dale, FL	•
3331Z·		3	3312.	~ ~ 20	
7. Name and street addres	ss of Florida registered agent:	(P.O. Box <u>NOT</u> accepta	able)	2024 JUN 13 PH 3: 03	T
Name:	Jeff M	,		3 PA (
Office Address:	2413 KEY			3: 03 STATE	
	FORT LANDERDI)	, Florida 3331 (Zip code)	<u>Z</u>	13

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.

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: JEH MELROY	Manager	Name: Anthony Lalor
□Member	Address: 2413 K41 LARGO LANE	□Member	Address: 2413 KEY LARGO LA
XAuthorized	TORT /ANDERDAJA, FL.	□Authorized	FORT LANDERDAIR, FL.
Person	33312	Person	33312
Other	Other	□Other	Other
□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

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.

JEFF D. MEELROY

Typed or printed name of signee

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: JEH MELROY	Manager	Name: Anthony LALOR
□Member	Address: 2413 Key LARGO LANE	□Member	Address: 2413 KEY LARGO LANG
■Authorized	Ther landerdale, FL.	□Authorized	FUET LANDERDAIR, FL.
Person	33312	Person	33312
□Other	Other	Other	Other
□Manager	Name:	□Maṇager	Name:
□Member	Address:	□Member	Address:
□Authorizcd		□Authorized	
Person		Person	
□Other	Other	□Other	□Other
∐Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	□Other	Other	Other

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- 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.

JEFF D. MEELROY

Typed or printed name of signee

The State of Washington

Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

JNJ YACHT SERVICES LLC

1 CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 10/11/2022.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 06/08/2024 UBI Number: 604 982 526

R Hobbe



Given under my hand and the Scal of the State of Washington at Olympia, the State Capital

Steve R. Hobbs, Secretary of State

Date Issued: 06/08/2024