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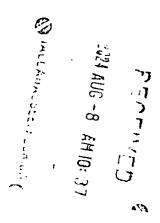
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#### **CT CORP**

#### (850) 656-4724 3458 lakesore Drive Tallahassee, FL 32312

08/08/2024

Da	ate:	08/08/2024	- wil DW
	<del></del>	Acc#I20160000072	
Name:	Cruise Te	minals International LI	LC
Document #:			
Order #:	15806266		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			
Apostille/Notarial Certification:		Country of Destination: Number of Certs:	
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Thank you!

#### COVER LETTER

то:	Registration Section Division of Corporations						
SUBJE	Cruise Terminals International LLC						
30036		Name of Limited Liability Company					
The enc Existence	losed "Application by Foreign Limited Liability ce, and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida					
Please r	eturn all correspondence concerning this matter t	to the following:					
	Adam L. Schwartz, Esq.						
		Name of Person					
	Vedder Price						
		Firm/Company					
	600 Brickell Avenue, Suite 1500						
Address							
	Miami, FL 33131						
		City/State and Zip Code					
	aschwartz@vedderprice.com						
	E-mail address: (to b	e used for future annual report notification)					
For furt	her information concerning this matter, please ca	ıli:					
Adam L. Schwartz		786 741-3240 at ( )					
	Name of Contact Person	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 DE  ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee  Certificate	ee & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate					

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

IN COMPLANCE 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:

Cruise Terminals Intern	national LLC Limited Liability Company; must include "Limited	_			
(Name of Foreign	Limited Liability Company; must include "Limited	d Liabilit	y Company," "E.L.C.," or "LLC.")	)	
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Fl	londa The	alternate name must include "Limited I	Liability Company," "L.L.C," or "LLC,")	
Delaware		2	92-2168669		
(Jurisdiction under the law of which foreign limited liability company is organized)		٠,٠	(FEI number, if applicable)		
April 2023 4.					
·	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registratio ine penalty	n ) · liability)	<del></del>	
1111 Brickell Ave, 11t	h Floor, Unit #116	(	1111 Brickell Ave, 11th Floor, Unit #116		
5. (Street Address of Principal Office)	<del></del>	0.	(Mailing Address)		
Miami, FL 33131			Miami, FL 33131		
7. Name and <u>street addres</u>	s of Florida registered agent: (P.O. Box	NOT	acceptable)	APP <b>024 AUG</b> AUG SEE	
Name:	C T Corporation System	_		-8 AM	
Office Address:	1200 South Pine Island Road		<del></del>	用の <b>念</b> (2) 1	
	Plantation		33324 , Florida	· · · · · · · · · · · · · · · · · · ·	
	(City)		(Zip code)		
designated in this applica to comply with the provisi	tance: gistered agent and to accept service of p tion, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent.	is regisi	tered agent and agree to act	t in this capacity. I further ag duties, and I am familiar wit	
	C T Corporation System		Stephane Honay	Stephanie Hencz. Assistant Secretary	
l.	Registered agent's	signature		<del></del>	

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: Name and Address: Title or Capacity: Name: Graham Olver Name: Andres Vidal □Manager ■ Manager Address: \_\_\_\_ Well House, Church End □Member □Member Coral Gables, FL 33134 Priors Hardwick, Warwickshire ■ Authorized Authorized CV47 7SN United Kingdom Person Person Other\_\_\_\_\_ □Other \_\_\_\_ □Other\_\_\_\_ □Other\_\_\_\_\_ Name: \_\_\_ Name: Miguel Reyna □ Manager ■ Manager Address: \_\_\_\_\_ 3318 Day Ave, Unit 7 □Member □Member Pembroke Pines, FL 33027 Miami, FL 33133 ■Authorized Authorized Person Person □Other\_\_\_\_ □Other\_\_\_\_ □ Other\_\_\_\_ □Other \_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_ □Manager □Manager Address: \_\_\_\_\_ □Member Address: \_\_\_\_\_ □Member □ 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

Typed or printed name of signee

Graham Olver

Page 1

# Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CRUISE TERMINALS INTERNATIONAL 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 EIGHTH DAY OF AUGUST, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 204114532

Date: 08-08-24