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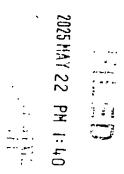
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M. SOLOMON

JUL 1 8 2025

## COVER LETTER

**Registration Section** 

TO:

UBJECT:	WESTERN MARITIME LLC			••			
	Name of Limited Liability Company						
he enclosed xistence, ar	l "Application by Foreign Limited Liability (and check are submitted to register the above)	Company for Authorization to Transact Business in F referenced foreign limited liability company to transa	lorida," et busin	Certific ess in F	ate Torio		
lease return	all correspondence concerning this matter to	o the following:					
	GARY WILSON						
		Name of Person					
	ROONEY HOLDINGS. INC.						
		Firm/Company					
	5601 S 122ND EAST AVE		. <b>.</b>	207			
		Address	9	5 #4 ^ }}	• .		
	TULSA. OK 74146			72	· • · · ·		
	C	ity/State and Zip Code		T.			
	GWilson@RooneyHoldings.com	• •	 	<del>-</del>	فحيواء الم		
	E-mail address: (to be	e used for future annual report notification)	<u>;</u>	0			
For further in	nformation concerning this matter, please ca	N:					
GA	RY WILSON	918 583-6900 at ()					
	Name of Contact Person	Area Code Daytime Telephone Nu	mber				
	iling Address: gistration Section	Street Address: Registration Section					
Division of Corporations		Division of Corporations					
	D. Box 6327 Ilahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Plea	closed is a check for the following amount: ase make check payable to: FLORIDA DEF \$125.00 Filing Fee \$130.00 Filing Fe	e & 🔲 \$155.00 Filing Fee & 🗏 \$160.00 Filin	-				

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

IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Liability Company; must include "Limite	d Liability	r Compan	y," "L.ÎC	.," or "L.I.C.")		_	_
(If name unavailable, enter alternate i	name adopted for the purpose of transacting business in Fl	lorida The	alternate na	ine must inc	clude "Limited Li	ability Company	.""L I, C,"	or "LLC.")
DELAWARE 2. (Jurisdiction under the law of which foreign limited liability company is organized)		73-1447146 3. (Fill number, if applicable)						
(Jurisdiction under the law of w	hich foreign limited liability company is organized)				(FEI numb	er, it applicable)		
4	(Date first transacted business in Florida, if prior to 1See sections 605 0904 & 605,0905, F.S. to determ	revistration						
	(See sections 605 0904 & 605,0905, F.S. to determ	ine penalty	liability)					
3705-1 WESTVIEW DRIVE		,			IEW DRIV			
5. (Street Address of Principal Office)	<del></del>	6.	(M.	ailing Addre	>>)	<del></del> -		
NAPLES, FL 34104			NAPLE	ES. FL 3	4104			
			_			_	2(	
				_			<del></del>	_
7. Name and street address	s of Florida registered agent: (P.O. Box	NOT a	ncceptab	ole)			2025 MAY 22	P 222
Name:	BUSINESS FILINGS INCORPORAT	ED				· · · · · · · · · · · · · · · · · · ·	PH	
Office Address:	1200 SOUTH PINE ISLAND ROAD					;; ;;	1:40	
	PLANTATION, FL			. Florida	33324			
	(Cay)				(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.

Breng Stutter Asst Secretary for Business Filings Incorporated

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: MICHAEL ROONEY	■Manager	Name: KATHLEEN D ROONEY		
□Member	Address: 3705-1 WESTVIEW DRIVE	□Member	Address: 3705-1 WESTVIEW DRIVE		
□Authorized	NAPLES, FL 34104	□Authorized	NAPLES, FL 34104		
Person		Person			
Other	□Other	Other	Other		
■Manager	Name: LARRY ROONEY	≣Manager	Name: FRANCIS ROONEY		
□Member	Address: 5601 S 122ND EAST AVE	□Member	Address: 3705-1 WESTVIEW DRIVE		
□Authorized	TULSA, OK 74146	□Authorized	NAPLES, FL 34104		
Person		Person	2025		
□Other	Other	□Other			
□Manager	Name:ROBERT TINKLER	□Manager	22 PH F 22		
□Member	Address: 5601 S 122ND EAST AVE	□Member	Address:		
■Authorized	TULSA. OK 74146	□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 \$65.0203 (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

ROBERT TINKLER

Typed or printed name of signee

Page 1



I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WESTERN MARITIME 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 FIFTH DAY OF MAY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WESTERN MARITIME LLC" WAS FORMED ON THE NINTH DAY OF MARCH, A.D. 1994.

Charuni Patibanda-Sanchez, Secretary of State

C. G. Sanchez

Authentication: 203606551

Date: 05-05-25