

P14000031017

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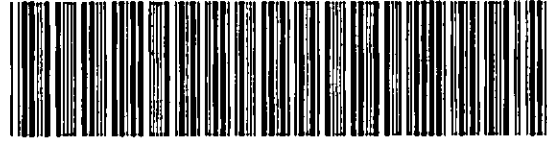
(Business Entity Name)

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11/9/2022

## COVER LETTER

Department of State  
Amendment Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Transmarine Chartering, Inc.

CORPORATE NAME

(Florida Sec. of State Doc.# P14000031017)

Enclosed are an original and one (1) copy of the restated articles of incorporation and a check for:

☒ \$35.00      ☐ \$43.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$43.75      ☐ \$52.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: Karianne Lange

Name (Printed or typed)

c/o Transmarine Chartering, Inc. - 2112 SE Rays Way

Address

Stuart, Florida 34994

City, State & Zip

(772) 463-3189

Daytime Telephone number

karianne@tmcnewyork.com

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

**NOTE: Please provide the original and one copy of the document.**

2022 AUG -2 PM 4:54

## RESTATED ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

Transmarine Chartering, Inc.

The name of the corporation is: \_\_\_\_\_

ARTICLE II RESTATED ARTICLES

The text of the Restated Articles is as follows: \_\_\_\_\_

### ARTICLE II MAILING AND PRINCIPAL ADDRESS

The mailing & principal address of the Corporation is 2112 SE Rays Way, Stuart, Florida 34994

### ARTICLE V REGISTERED OFFICE & AGENT

The Registered Office is 2112 SE Rays Way, Stuart, Florida 34994, and the Registered Agent at that address shall be Karianne Lange.

### ARTICLE X (ADDED BY THIS DOCUMENT) INDEMNIFICATION

The Corporation hereby indemnifies each Director, Officer, Employee, and Agent, without limitation, but to the full extent permitted pursuant to Florida Statute Section 607.0850.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III OFFICERS AND/OR DIRECTORS (optional)**

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change                      PT      John Doe  
  
X Remove                      V      Mike Jones  
  
X Add                              SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>    </u> Change	<u>PDC</u>	<u>Per Ellingsen</u>	<u>(Deceased)</u>
<u>    </u> Add			
<u>    </u> <u>X</u> Remove			
2) <u>X</u> Change	<u>PDC</u>	<u>Karianne Lange</u>	<u>c/o Transmarine Chartering, Inc.</u>
<u>    </u> Add			<u>2112 SE Rays Way</u>
<u>    </u> Remove			<u>Stuart, Florida 34994</u>
3) <u>    </u> Change	<u>    </u>	<u>    </u>	<u>    </u>
<u>    </u> Add			
<u>    </u> Remove			
4) <u>    </u> Change	<u>    </u>	<u>    </u>	<u>    </u>
<u>    </u> Add			
<u>    </u> Remove			
5) <u>    </u> Change	<u>    </u>	<u>    </u>	<u>    </u>
<u>    </u> Add			
<u>    </u> Remove			
6) <u>    </u> Change	<u>    </u>	<u>    </u>	<u>    </u>
<u>    </u> Add			
<u>    </u> Remove			



ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: March 31, 2022 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than 90 days after the filing.)

- **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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.*

Dated: 7/25/22

Signature: [Handwritten Signature]

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee or other court appointed fiduciary by that fiduciary)

Karianne Lange

(Typed or printed name of person signing)

President

(Title of person signing)