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|            | To:              | Division of Corporations<br>Fax Number : (850)617-6383  |             |                          |  |   |
|------------|------------------|---|-------------|--------------------------|--|---|
|            | From:  **Enter t | Account Name : REGISTERED AGENT Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010  the email address for this busines ual report mailings. Enter only or |             | used for 1<br>s please.* | 2022 MAY 12<br>SECRETYST (<br>FALLAHASSFE                              | 7 |
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| 2 FM 4:    |                  | FOREIGN PROFIT/NONPROF<br>Seamrog Corpor  | TIT CORPORA | TION                     | 37<br>87   |   |
|            |                  | Certificate of Status   | 0           |                          |  |   |
| 2022 HAY I |                  | Certified Copy  | 0           |                          |  |   |
| 2022       |                  | Page Count  | 04          |                          |  |   |
|            |                  | Estimated Charge  | \$70.00     | )                        |  |   |

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| (If name unavail   | able in Florida, enter alternate corporate name adop   | nted for the purpose of transacting bu                       | siness in Florida)  |
|--|--|--|---|
| Ostate or country under the law of which it is incorporated) |  |  | <u> </u>  |
| 414 4100   | 30   |  |   |
| (Date  | of incorporation) 5.   | (Date of duration, if other than                             | perpetual)  |
|  |  |  |   |
|  | (Date first transacted business in Flo<br>(SEE SECTIONS 607.1501 & 607.1502,   |  |   |
|  | (, , , , , , , , , , , , , , , , , , ,   |  |   |
| 7901 4th   | St N STE 300 St. Petersh   | oura FL 33702  |   |
| 7901 4th   | St N STE 300 St. Peterst   | <del>-</del>   |   |
|  |  | reet address)  | <b>202</b>  |
|  | (Principal office s  | treet address)<br>3702                                       | 2027 HA   |
|  | (Principal office so<br>t N STE 300 St. Petersburg FL 33   | treet address)<br>3702                                       | 2027 HAY 1  |
| 7901 4th S   | (Principal office set N STE 300 St. Petersburg FL 33 (Current mailing ad et address of Florida registered agent: (P.O. Be                  | treet address) 3702 dress, if different)                     | SHORE VALVESE<br>TALL AHASSE                                  |
| 7901 4th S   | (Principal office stands of the North STE 300 St. Petersburg FL 33 (Current mailing ad   | treet address) 3702 dress, if different)                     | 2022 HAY 12 AM<br>SHORE VARY OF<br>TALL AND SSEE, F           |
| 7901 4th S  Name and stree  Name:                            | (Principal office set N STE 300 St. Petersburg FL 33 (Current mailing ad et address of Florida registered agent: (P.O. Be                  | treet address) 3702 dress, if different)                     | 2022 HAY 12 AH 8: 3<br>SHORE VALVE FLORI<br>TALLAHASSEE FLORI |
| <b>7901 4th S</b> Name and street                            | (Principal office set N STE 300 St. Petersburg FL 30 (Current mailing address of Florida registered agent: (P.O. Be Registered Agents Inc. | treet address) 3702 dress, if different)  ox NOT acceptable) | SHORE JANY OF STATE AND A TALL AND ASSEE, FLORIDA             |

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

(Registered agent's signature)

| A. DIRECTORS                                 |  |                                     |                     |  |
|--|--|-------------------------------------|---------------------|--|
| □Chairman                                    | Name: Michael Goggins  | □ Chairman                          | Name:               |  |
| □Vice Chairman                               | Address:   | □Vice Chairman                      | Address:            |  |
| <b>⊠</b> Director                            | 1200 Brickell Bay Drive, Apt. 2101   | Director                            |                     |  |
| ☑President                                   | Miami FL 33131   | □President                          |                     |  |
| □Vice President                              |  | □Vice President                     |                     |  |
| Secretary                                    | ☑ Treasurer  | Secretary                           |                     | ☐Treasurer   |
| Other  | Other  | Other                               | <u> </u>            | □Other   |
| □ Chairman                                   | Name:  | □Chairman                           | Name:               |  |
| □Vice Chairman                               | Address:   | □Vice Chairman                      | Address:            |  |
| □Director                                    |  | □Director                           |                     |  |
| □President                                   |  | □President                          |                     |  |
| □Vice President                              |  | □Vice President                     |                     |  |
| Secretary                                    | □Treasurer   | ☐ Secretary                         |                     | Treasurer  |
| Other  | Other  | Other                               | <del></del>         | Other  |
| □ Chairman                                   | Name:  | ☐ Chairman                          | Name:               |  |
| □Vice Chairman                               | Address:   | □Vice Chairman                      | Address:            |  |
| □Director                                    |  | □Director                           | <del> </del>        |  |
| □President                                   |  | □President                          |                     |  |
| □Vice President                              |  | □Vice President                     |                     |  |
| ☐ Secretary                                  | ☐ Treasurer  | Secretary                           |                     | □Treasurer   |
| Other  | Other  | Other                               |                     | □Other   |
| The officer or direct he is aware that false | Ise an attachment to report more than six (b). The attachment to the index when siling your Florida Department of Director of Signature o | or Officer or II above) affirms the | at the facts stated | herein are true and that he or felony as provided for in |
| 3 MIC  | (Typed or printed name and capacity of person  | dent                                |                     |  |
| J  | (Typed or printed name and capacity of person  | on signing application)             | )                   |  |

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SEAMROG CORPORATION" IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SEAMROG"

CORPORATION" WAS INCORPORATED ON THE FOURTEENTH DAY OF APRIL, A.D.

2020.

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

Authentication: 203415722

Date: 05-12-22

7869513 8300 SR# 20221956436