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(((H23000028378 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:____

Foreign Limited Liability Company Hybrid Marine LLC

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Help

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	, ,	rida. The alternate name must include "Emitted Liability Company,	TELL CONTINU
Delaware	nich foreign limited liability company is organized)	_{3.} 92-1803874	
Turisdiction under the law of w	high foreign limited liability company is organized)	(EEI number, if applicable)	
			7.
	(Date first transacted business in Florida, it prior to a (See sections 605 0004 & 605 0005; F.S. to determin	egistration (to penalty liability)	
2600 SW :	3rd Ave	6. 7901 4th St N STE 300 (Visiting Address)	~>
e; Address of Principal Office)		(Mailing Address)	
Fort Lauderdale FL 33315		St. Petersburg FL 33702	
			~
Name:	So of Florida registered agent: (P.O. Box Registered Agents Inc		
Office Address:	7901 4th St N STE 300		
	St. Petersburg	. Florida 33702	
	(Cny)	(Zip code)	
ignated in this applica comply with the provisi	gistered agent and to accept service of pation, I hereby accept the appointment as	rocess for the above stated limited liability com registered agent and agree to act in this capac and complete performance of my duties, and I	ity. I further
	a the plane		

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: Name: Maritime Holdings 811 LLC □Manager □Manager Name: Address: □Member Address: XiMember 1201 N Orange Street Suite 600 □ Authorized □ Authorized Wilmington DE 33702 Person Person _____ □Other_____ □Other__ □ Other_____ ☐ Manager Name: □Manager Name: □Member Address: □ Member Address: ____ □ Authorized □ Authorized Person Person □Other____ □Other_____ □Other____ 二Other____ Name: □Manager Name: □ Manager Address: □ Member Address: ∐Member ☐ Authorized □ Authorized Person Person □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.

Robin Jones
Typed or punted name of signee



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

DELAWARE, DO HEREBY CERTIFY "HYBRID MARINE LLC" IS DULY FORMED

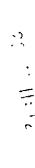
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE EIGHTEENTH DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HYBRID MARINE LLC" WAS FORMED ON THE SEVENTEENTH DAY OF JANUARY, A.D. 2023.

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





Authentication: 202522686

Date: 01-18-23

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SR# 20230181778