Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL <u>7-1.2-1405</u>, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

SECRETARY OF STATE CORPORATIONS DIV

1. The name of the corporation is:						
JFS INTERNATION.	AL MANAGE	MENT IN	٧૮			
2. It is incorporated under the laws of: FLO	RI DA					
3. The name, if different, which it elects to use in Rh	ode Island is:					
(a) If the name of the corporation in its jurisdiction of "incorporated", or "limited," or an abbreviation therecabove corporate endings for use in Rhode Island:						
(b) If the corporate name is not available in Rhode Is corporation will qualify and transact business in Rho filed with this application:	sland, then set forth belo de Island as stated in the	w the fictitious nar e "Fictitious Busin	me under which the ess Name Stagmen	SEASTAR SEASTAR SEASTAR		
4. The date of its incorporation is: FEBRU	IARY 26 20	01		が記		
And the period of its duration is: CHECK ONE BOX Perpetual (on-going) Date certain for dissolution	ONLY		10: 33	ON TOTAL		
5. The address of its principal office is: 1126 S Federal Huy, Suite 257, Fost landerdale, Pla. 33316						
6. The name and address of the initial registered ag	ent/office in Rhode Island	d:				
Agent Name NICHOLAS BREITE	ENBACH					
Street Address (NOT a P.O. Box) 19 MC CORMICIC ROAD						
City/Town NEWPORT	State RHODE ISLA	ND Zip Code	02840			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:						
A H	oe ALL CHOPUL PO	-71 VI 7156	-ok -Buerwess			
Marine	Services to the Private	YKCHTING	Sector			
8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated):						
NAME						
NICHOLAS BREITENBACY 413 SW 13th ST PERT LAUDERDALE, FL 33315 JACOURUNE BREITENBACH 413 SW 13TST			, FL 33315			
JACOUPLINE BY	REITENBAU 413 SW 13	rst RDALE, F	Z 33315			
		C	Check the box to indicate an attachment			
	espective addresses of its principal office of which it is incorporated):	cers (mandatory if	directors are not required under the laws			
OFFICE	NAME		ADDRESS			
PRESIDENT	NICHOLAS BREITENBACK	FORT UNDERDAUE, PL 33315				
VICE PRESIDENT	JACOUELINE BREITENBACH	HI3 SW FOLT LAUD	FOLT LAUDERDALE, FL, 333151			
TREASURER						
SECRETARY						
		(Check the box to indicate an attachment			
9. The aggregate numb par value, and series, if	· · · · · · · · · · · · · · · · · · ·	sue; itemized by o	classes, par value of shares, shares without			
NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE			
500	COMMON	N/A	Z/ *			
	·					
<u></u>	. 					
10. An estimate, as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.)						
5.17 %	,		•			
11. An estimate, as a percentage, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.) 11. 44 6						

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12. This application must be accompanied by a Certificate of Good Standing/Letter of Statuformation dated within 60 days of the date of this filing.	s from the state or country of
13. Date when the Certificate of Authority will be effective: CHECK ONE BOX ONLY	
Date received (Upon filing)	
Later effective date (Date must be no more than 90 days from the date of filing)	
Under penalty of perjury, I declare and affirm that I have examined this Application for Certi accompanying attachments, and that all statements contained herein are true and correct.	ficate of Authority, inclūding any
Type or Print Name of Authorized Officer	Date
NICHOLAS BREITEMBACH	June 14+ 2018
Signature of Authorized Officer of the Corporation Signature of Authorized Officer of the Corporation DOCUMENT HERE	

State of Florida Department of State

I certify from the records of this office that JFS INTERNATIONAL MANAGEMENT, INC. is a corporation organized under the laws of the State of Florida, filed on February 26, 2001.

The document number of this corporation is P01000021322.

I further certify that said corporation has paid all fees due this office through December 31, 2018, that its most recent annual report/uniform business report was filed on January 16, 2018, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Sixteenth day of May, 2018 2018 JUN 28 AH 10: 3:



Ken Define Secretary of State

Tracking Number: CU9748391837

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication