

# SECONDORATION STATE SECOND

### **Application for Certificate of Authority**

**FOREIGN Business Corporation** 

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, 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:

for that purpose submits the following statement:	<del></del>					
The name of the corporation is:						
Custom Float Services Inc.						
2. It is incorporated under the laws of:  Maine						
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 Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:						
4. The date of its incorporation is: May 8, 1989						
And the period of its duration is: CHECK ONE BOX	ONLY					
Perpetual (on-going)						
Date certain for dissolution		_ <del></del>				
5. The address of its principal office is:						
11 Wallace Avenue, South Portland, ME 04106						
6. The name and address of the initial registered agent/office in Rhode Island:						
Agent Name Cogency Global Inc.						
Street Address (NOT a P.O. Box) 222 Jefferson Boulevard						
City/Town Warwick	State RHODE ISLAND	Zip Code 02888				

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov JUL 1 1 2019

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7. The purpose or purpo	oses which it p	roposes to	pursue in the	transaction o	of business in Rhode Island are:	
Wholesale marine sup	plier					
8. (a) The names and re	espective addr	resses of its	s directors (or	otlonal, unless	directors are required under the laws of the	
state or country of whic	h it is incorpora	ated):			1000500	
NAME		<del> </del>	ADDRESS			
Charles A. Poole		11 Wallace Avenue, South Portland, ME 04108				
Malcom F. Poole		11 Wallace Avenue, South Portland, ME 04106				
William W. Poole		11 Wallace Avenue, South Portland, ME 04106				
					Check the box to indicate an attachment	
8. (b) The names and re of the state or country of				cers (mandaţo	ory if directors are not required under the laws	
OFFICE		NAME			ADDRESS	
PRESIDENT	Charles A. Poole		11 Wallace Avenue, South Portland, ME 04106			
VICE PRESIDENT	William W. Poole		11 Wallace Avenue, South Portland, ME 04106			
TREASURER	Malcom F. Poole			11 Wallace Avenue, South Portland, ME 04106		
SECRETARY	Charles A. Poole		11 Wallace	Avenue, South Portland, ME 04106		
					Check the box to indicate an attachment	
9. The aggregate numb par value, and series, if			authority to is	sue; itemized	by classes, par value of shares, shares without	
NUMBER OF SHARES	CLAS			SERIES	PAR VALUE OR STATE NO PAR VALUE	
10,000	Common N/A			No Par Value		
		<u></u>		·		
			<del></del>		<del></del>	
	,					
		<del></del>				
					e of the property of the corporation to be	
the following year, when					roperty of the corporation to be owned during ksheet.)	
0 %	,				*	
70	<b>)</b>					
at or from places of bus	siness in Rhod	e Island du	iring the follow	wing year com	f business to be transacted by the corporation spared to the gross amount thereof which will be obtained from worksheet.)	
1.4	_		<b>3</b> , · <b>(</b> - · · · ·		•	

12. This application must be accompanied by a <u>Certificate of Good Star</u> formation dated within 60 days of the date of this filing.	nding/Letter of Status 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 o	date of filing)
Under penalty of perjury, I declare and affirm that I have examined this accompanying attachments, and that all statements contained herein ar	
Type or Print Name of Authorized Officer	Date
Malcom Poole	7/3/19
Signature of Authorized Officer of the Colooration SIGN DOCUMENTALE	Presi []-

## **State of Maine**



# Department of the Secretary of State

I, the Secretary of State of Maine, certify that according to the provisions of the Constitution and Laws of the State of Maine, the Department of the Secretary of State is the legal custodian of the Great Seal of the State of Maine which is hereunto affixed and of the reports of organization, amendment and dissolution of corporations and annual reports filed by the same.

I further certify that CUSTOM FLOAT SERVICES INC., formerly UNION WHARF ENTERPRISES, formerly BROWN SHIP CHANDLERY, INC. is a duly organized business corporation under the laws of the State of Maine and that the date of incorporation is May 08, 1989.

### I further certify that on:

May 08, 1989 ARTICLES OF INCORPORATION were filed.
January 12, 1994 CHANGE OF CLERK was filed.
January 24, 2012 CHANGE OF LEGAL NAME was filed.
April 20, 2012 CHANGE OF LEGAL NAME was filed.
March 13, 2015 ASSUMED NAME was filed.
July 21, 2017 CHANGE OF CLERK was filed.

No further amendments have been filed to date.

I further certify that said business corporation has filed annual reports due to this Department, and that no action is now pending by or on behalf of the State of Maine to forfeit the charter and that according to the records in the Department of the Secretary of State, said corporation is a legally existing business corporation in good standing under the laws of the State of Maine at the present time.



In testimony whereof, I have caused the Great Scal of the State of Maine to be hereunto affixed. Given under my hand at Augusta, Maine, this eighth day of July 2019.

Matthew Dunlap Secretary of State