



State of Rhode Island
Department of State - Business Services Division

STATE

RI SOS
2024
APR 25 PM 12:56:49

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:

1. The name of the corporation is: Seven Seas Cruises Ltd.		
2. It is incorporated under the laws of: Bermuda		
3. The name, if different, which it elects to use in Rhode Island is: (a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island: Seven Seas Cruises Ltd., a Bermuda Company (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: 11/09/2023 And the period of its duration is: CHECK ONE BOX ONLY <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____		
5. The address of its principal office is: 7665 Corporate Center Drive, Miami, FL 33126		
6. The name and address of the initial registered agent/office in Rhode Island: Agent Name Corporate Creations Network Inc. Street Address (<u>NOT</u> a P.O. Box) 10 Dorrance Street, Suite 700		
City/Town Providence	State RHODE ISLAND	Zip Code 02903

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 1250

APR 25 2024

BY

dtNTg

13

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

Passenger Cruise Services

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	ADDRESS
Daniel S. Farkas	7665 Corporate Center Drive, Miami, FL 33126
Mark Kempa	7665 Corporate Center Drive, Miami, FL 33126
Christian Cunningham	7665 Corporate Center Drive, Miami, FL 33126
Sergio Zapien Benitez	7665 Corporate Center Drive, Miami, FL 33126

Check the box to indicate an attachment ☒

8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated):

OFFICE	NAME	ADDRESS
PRESIDENT	Andrea DeMarco	7665 Corporate Center Drive, Miami, FL 33126
VICE PRESIDENT	Mark Kempa	7665 Corporate Center Drive, Miami, FL 33126
TREASURER	Howard Flanders	7665 Corporate Center Drive, Miami, FL 33126
SECRETARY	Daniel S. Farkas	7665 Corporate Center Drive, Miami, FL 33126

Check the box to indicate an attachment ☐

9. The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
20	Ordinary		\$100 USD per share

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.)

0 %

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.)

0 %

Application for Certificate of Authority by a Foreign Business Corporation

Seven Seas Cruises Ltd., a Bermuda Company

Continuation Sheet

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	ADDRESS
Ronaldo Magaglio	7665 Corporate Center Drive, Miami FL 33126

12. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of this filing.

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) _____

14. *Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.*

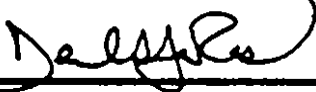
Type or Print Name of Authorized Officer

Daniel S. Farkas, Secretary

Date

04/19/2024

Signature of Authorized Officer of the Corporation





GOVERNMENT OF BERMUDA

Registrar of Companies

BERMUDA

MINISTRY OF FINANCE

CERTIFICATE OF COMPLIANCE

I, Kenneth Joaquin, **Registrar of Companies**, in the Islands of Bermuda, do hereby certify that

Seven Seas Cruises Ltd.

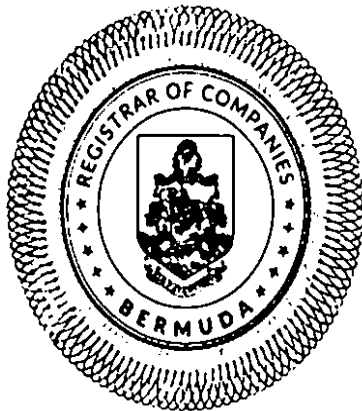
is a company duly incorporated under the laws of Bermuda and is, at the date of this Certificate, in good standing, under the **Companies Act 1981**.

Issued Date: 18th day of April 2024

Kenneth Joaquin

Registrar of Companies

18th day of April 2024





State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

April 25, 2024 12:56 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore
Secretary of State

