

F25 000000887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

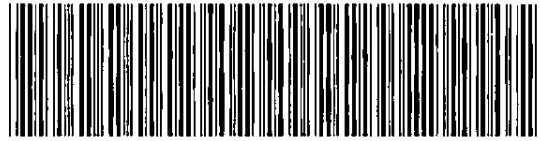
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEC 20 2024

2025 FEB 12 PM 10:00
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

MS

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1501 FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1 BLUE OCEAN CONTRACTORS CORP
(Enter name of corporation, must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

BLUE OCEAN CONTRACTORS USA CORP
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2 TENNESSEE 872452966
(State or country under the law of which it is incorporated) (EIN number, if applicable)

3 09/01/2021
(Date of incorporation) (Date of duration, if other than perpetual)

6 01/01/2025
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7 1100 S.W. 4TH AVE, APT 21, DEERFIELD BEACH, FL 33441
(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: GOMES INSURANCE AND ACCOUNTING CO
Office Address: 240 LOCK ROAD
DEERFIELD BEACH, Florida 33441
(City) (Zip code)

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2025 FEB 12 PM 10:00
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TALLAHASSEE, FL

9. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation in the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

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

11. For initial indexing purposes, list names, titles and addresses of the primary officers and or directors [up to six (6) total]

A. DIRECTORS

Chairman Name: JOAO LUIZ SALLES GOMES
 Vice Chairman Address: 1100 SE 4TH AVE, APT 21
 Director DEERFIELD BEACH, FL 33441
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: ANDRE LUIZ GOMES
 Vice Chairman Address: 1100 SE 4TH AVE, APT 21
 Director DEERFIELD BEACH, FL 33441
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12 _____
 Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he/she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.03, F.S.

13 _____
 (Typed or printed name and capacity of person signing application)



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL.
Nashville, TN 37243-1102

JOAO LUIZ SALLES GOMES
710 MAIN STREET 306
CLARKSVILLE, TN 37040

January 17, 2025

Request Type: Certificate of Existence/Authorization
Request #: 0620574

Issuance Date: 01/17/2025
Copies Requested: 1

Document Receipt

Receipt #: 009457470 Filing Fee: \$20.00
Payment-Credit Card - State Payment Center - CC #: 3890110071 \$20.00

Regarding: BLUE OCEAN CONTRACTORS CORP
Filing Type: For-profit Corporation - Domestic Control #: 1234673
Formation/Qualification Date: 09/01/2021 Date Formed: 09/02/2021
Status: Active Formation Locale: TENNESSEE
Duration Term: Perpetual Inactive Date:
Business County: DAVIDSON COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

BLUE OCEAN CONTRACTORS CORP

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

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