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JUN 17 2019

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: EMERGING FROM SUBMERGING INC
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

- ☐ $70.00 Filing Fee
- ☒ $78.75 Filing Fee & Certificate of Status
- ☐ $78.75 Filing Fee & Certified Copy
- ☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Crystal L Guthrie
Name (Printed or typed)

105 N Eola Dr. Suite 4
Address

Orlando FL 32801
City, State & Zip

321.317.1566
Daytime Telephone number

Crystal826la@gmail.com <crystal826la@gmail.com>
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME
The name of the corporation shall be: Emerging from Submerging Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
105 N Eola Dr
Suite 4
Orlando FL 32801

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: The purpose of the nonprofit is to offer support to families having children who hsve survived a near drowning. The trauma and life-changing experience a family goes through when a child suffers a hypoxic brain injury can be very devastating and without prior knowledge of the child's medical issues, often the information told to the family by medical professionals can be very intimidating leaving the parents and family without hope. There's a lot of gray area when it comes to our knowledge of the brain. For instance, there's not yet enough clinical research with positive results for hyperbaric oxygen treatment. Therfore this treatment is not prescribed as a standard form of for these type of injuries. Despite its successful results for some drowning victims, insurance does not cover its costs. For fam

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Crystal L Guthrie, President
Address: 105 N Eola Dr, Suite 4, Orlando FL 32801

Name and Title: Linda P Guthrie, Vice President
Address: 105 N Eola Dr, Suite 4, Orlando FL 32801

Name and Title: Joe Caruso, Secretary and Treasurer
Address: 105 N Eola Dr, Suite 4, Orlando FL 32801

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Realticorp Inc

Address: 105 N Eola Dr Suite 4

Orlando FL 32801

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ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Crystal Lynn Guthrie

Address: 105 N Eola Dr Suite 4

Orlando FL 32801

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

M Carus Jr Pres. Realticorp
Required Signature/Registered Agent

9 May 2019
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Required Signature/Incorporator

5/9/19
Date