# Ocean Quest Underwater Yachts inc 135 90th Avenue Treasure Island Fl 33706 City/State/Zip Phone #

Office Use Only

#### CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1.	
(Corporation Name)	(Document #)
2	(Document #)
(Corporation Name)	(Document #) 11100033283U -09/14/0001034002 *****87.50 *****87.50
(Corporation Name)	(Document #)
4(Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time	Certified Copy
Mail out Will wait	Photocopy Certificate of Status
NEW FILINGS  Profit Not for Profit Limited Liability Domestication	AMENDMENTS  Amendment  Resignation of R.A., Officer/Director  Change of Registered Agent  Dissolution/Withdrawal
Other Other	☐ Merger ☐ ☐ ☐
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other

Examiner's Initials

#### TRANSMITTAL LETTER

To: Qualification/Tax Lien Section Division of Corporations	,
SUBJECT: Dezan Quest Und (Name of corporation	lenerater Yachts Dic
(ivalie of corporation	- must mercus summy
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for A "Certificate of Existence", and check are submitted to reto transact business in Florida.	authorization to Transact Business in Florida", gister the above referenced foreign corporation
Please return all correspondence concerning this matter	to the following:
DEMNIS SHA	ロゼル
DENNIS SHA. (Name of)	Person)
·	
(Firm/Con	npany)
135 GDH AUE	
(Addre	ess)
135 90 th AVE (Address Tracasume Island (City/State	Plonida 33706
(City/Stat	e/Zip) TS 8
	ECR :
Should you need to call someone concerning this matter	r please call:
Should you need to can someone concerning and annual	The splease call:  HASSEE THE THE THE THE THE THE THE THE THE T
DENNIS CHADEN -1727	1 424-2420 TO BE B
DENNIS SHADEN at (727 (Name of Person) (Area C	Ode & Daytime Telephone Number 5
(-,	TE 18
	MAN DIC ADDRESS.
STREET ADDRESS:	MAILING ADDRESS:
Qualification/Tax Lien Section	Qualification/Tax Lien Section
Division of Corporations	Division of Corporations P.O. Box 6327
409 E. Gaines St. Tallahassee, FL 32399	Tallahassee, FL 32314
Enclosed is a check for the following amount:	
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ Certificate of Status	\$78.75 Filing Fee & Sand Status & Certified Copy  Certified Copy  Certified Copy

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO

REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
1. Octon Ovest Underwater Yacht Incomponation, (Name of corporation, must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Delaware 3. 59-3554449 (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10-10-98 5. Prefetore (Date of incorporation) 5. Prefetore (Duration: Year corp. will cease to exist or "perpetual")
6. (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 135 GOK BUENUE
Thersure Island Planda 33706 (Current mailing address)
(Current mailing address)
8. Recuestion Water Sport  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name: Dann's Shapen
Name: Dann's SHADEN  Office Address: 135-904 AVENUE  Theasure Island, Florida, 33706  (Zip code)
10. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at 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)
11. 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

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

which it is incorporated.

4. DIRECTORS (	Street address only - P.O. Box 1	NOT acceptable)	
Chairman:			
-			
Director:			
diffe22:			
ddress:	5 God Al	nd Planula	33706
ice President:	SAm	1	
ddress:			00 SECI
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OTE: If necessar	y, you may attach an addendam t	the application listing additional o	fficers and/or directors.
i(Si	gnature of Chairman Vice Chair	man, or any officer listed in number	12 of the application)
<u>ب</u>	ENN'S SHADE	•	
·		name and capacity of person signing	g application)

## State of Delaware Office of the Secretary of State PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OCEANQUEST UNDERWATER YACHTS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF AUGUST, A.D. 2000.

OO SEP IL PM 12: 18
SECRETARY OF STATE
TALLAHASSEF ET OBITA



Edward J. Freel, Secretary of State

AUTHENTICATION: 0607598

DATE: 08-08-00

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