

FOI 0000000350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

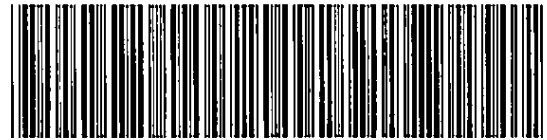
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

7/25/20

Office Use Only



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2020 JUL 10 AM 8:45

with withdrawal

JUL 23 2020
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Poseidon Handicap Scuba Adventures
(Name of Corporation)

DOCUMENT NUMBER: F01000000350

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark Rausch
(Name of Person)

Poseidon Handicap Scuba Adventures
(Firm/Company)

954 Holbrook DR Canton, MI 48187
(Address)

Canton, MI 48187
(City/State and Zip code)

For further information concerning this matter, please call:

Mark Rausch at (734) 358-8728
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

from 52.50

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

52.50
- 35.00
17.50



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 MAY 20 2020

May 20, 2020

MARK RAUSCH
954 HOLBROOKE DRIVE
CANTON, MI 48187

SUBJECT: POSEIDON HANDICAP SCUBA ADVENTURES, INCORPORATED
Ref. Number: F01000000350

We have received your document for POSEIDON HANDICAP SCUBA ADVENTURES, INCORPORATED and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

The certification must reflect that the corporation changed its jurisdiction from Ohio to Michigan not a certificate of good standing from Michigan.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 320A00010141



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 29, 2020

MARK RAUSCH
954 HOLBROOKE DRIVE
CANTON, MI 48187

SUBJECT: POSEIDON HANDICAP SCUBA ADVENTURES, INCORPORATED
Ref. Number: F01000000350

We have received your document for POSEIDON HANDICAP SCUBA ADVENTURES, INCORPORATED and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Foreign Profit Corporation, but your entity is a Foreign Non-Profit Corporation. Please complete and return the enclosed blank form(s).

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 020A00008887

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

Poseidon Handicap Scuba Adventures
(Name of Corporation)

FOI000000350
(Document Number of Corporation (if known))

OHIO
(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

2020 JUL 10 AM 8:45
FILED

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

954 Holbrook DR
(Mailing Address)
Canton, MI 48187
(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

Mark Rausch
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

7/2/2020
(Date)

Mark Rausch
(Typed or printed name of person signing)

Founder
(Title of person signing)

FILING FEE \$35