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SIVISION OF CORPORATIONS

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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Submerge, Inc.
(Name of corporation - must include suffix)
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Rodney Nairne
(Name of Person)
Submerge Inc.
(Firm/Company)
PO Box- 7586
(Address)
Jupiter, FL 33468
(City/State and Zip code) (City/State and Zip code) For further information concerning this matter, please call:
For further information concerning this matter, please call:
Rodney Nairne at (561) 747-3640 TRANSMITTAL LETTER (Asso Code & Doutine Telephone Number)
Rodney Nairne at (561) 747-3640 = 3
TRANSMITTAL LETTER (Aman Code & Doutima Talanhana Mumhar)
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STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS: Registration Section Division of Corporations - P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ 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. Submerge Inc. (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 (State or country under the law of which it is incorporated) 3. 23-3047514 (FEI number, if applicable)
4. May 18, 2000 5. Devoetual (Date of incorporation) [Duration: Year corp. will cease to exist or "perpetual")
6. Jan. 1 2003 (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 12664 154th Road North, Jupiter, FL 33478 (Principal office address)
Po Box 7586, Jupiter, FL 33468 (Current mailing address)
8. Underwater Scooter Manufacturer and Selfer (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)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: Rodney Nairne
Office Address: 12664 154th Road North Tupiter (City) (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 which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRE									
Chairman:	·	<u></u>		· <u>*</u>		<u> 14 14 14 14 14 14 14 14 14 14 14 14 14 </u>	<u> , </u>		
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B. OFFI	CERS			m: -				E C	오라
President:	Rodney	Nairn	e			. <u></u>			37
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•	Jupiter,	<u> </u>	527 +8						
Secretary:		<u> </u>		· • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	<u> </u>			
Address:		·			<u> </u>		· · ·		
Treasurer:		<u> </u>		-5-	- <u> </u>	- T		<u></u>	-, ·
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NOTE: 1	If necessary, you	may attach an a	ddendum to	the application	listing addition	al officers an	d/or dire	ctors.	
13			N			- 			<u> </u>
	(Signature	of Chairman, \		an, or any office	er listed in num	ber 12 of the	applicati	on)	
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	T)	yped or printed	name and c	apacity of perso	n signing appli	cation)			

Delaware

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUBMERGE, 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 SEVENTEENTH DAY OF JULY, A.D. 2003.

SECRETARY OF STATEOUS DIVISION OF CORPORATIONS



Warriet Smith Windson, Secretary of State

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AUTHENTICATION: 2533635

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