## F1700002474

(Re	questor's Name)			
(Ad	dress)			
•	idress)  7 - 4 - 8  by/State/Zip/Phone	751		
	WAIT			
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



500299974475

06/06/17--01036--008 \*\*87.50

17 JUN 14 AH 9: 0

M. MILLIGAN JUN 1 4 2017



June 9, 2017

BRAD KING KENT ISLAND SCUBA CORPORATION 332 LOBLOLLY WAY GRASONVILLE, MD 21638

SUBJECT: KENT ISLAND SCUBA CORPORATION

Ref. Number: W17000048751

We have received your document for KENT ISLAND SCUBA CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6051.

Letter Number: 317A00011692

Nanette Causseaux Regulatory Specialist II Supervisor

www.sunbiz.org

## **COVER LETTER**

TO:	Registration Se Division of Cor		•	
SUBJ	ECT:	Kent Island Scuba	Cormaration	
2020			n - must include suffix	
Dear S	Sir or Madam:			
"Certi	ficate of Existenc	ion by Foreign Corporation for e," or "Certificate of Good Sta in corporation to transact busin	nding" and check are sub	
Please Brad K	-	oondence concerning this matte	r to the following:	
		Name of	Person	
Kent Is	sland Scuba Corp			
		Firm/Cor	npany	
332 Lo	blolly Way			
		Addı	ress	
Grasor	nville, MD 21638			
		City/State a	and Zip code	
info@	palmbeachdivecent	er.com		
		E-mail address: (to be used	for future annual report	notification)
For fu	rther information	concerning this matter, please	call:	
Shari I	King	at (410	) 774 6149	
	Name of Person at (410 ) 774-6148  Area Code Daytime Telephone Number		hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		Registration S Division of Co P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclos	sed is a check for	the following amount:		
<b>57</b> (	0.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certificate of Status &

## 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.

(Enter name of	corporation; must include "INCORPORATED,"  Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"		
Maryland 2.	lable in Florida, enter alternate corporate name ad		n Florida)	
(State or count 2 June 2017 4.	ry under the law of which it is incorporated)  5.	(FEI number, if applicable)		
	e of incorporation)	(Date of duration, if other than perpetu	ıal)	_
6. N/A 4715 Broadway.	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150 West Palm Beach, FL. 33407	- · · · · · · · · · · · · · · · · · · ·		_
	(Principa ay, Grasonville MD 21638	l office address)		
	(Current mailing eet address of Florida registered agent: (P.O. Brad King	address, if different)  Box NOT acceptable)	17 JUN 14	SECRETAR DIVISION OF C
Name: Office Address:	4715 Broadway	<u> </u>	<b>3</b>	ORF ST
Office / Idai ess.	West Palm Beach	 33407 , Florida	9: 07	ATTONS
	(City)	(Zip code)		••
Having been nar designated in thi further agree to	gent's acceptance: ned as registered agent and to accept service s application, I hereby accept the appointme comply with the provisions of all statutes re- familiar with and accept the obligations of	ent as registered agent and agree to act in lative to the proper and complete perform	this cap	acity. I
-	(Registered ag	ent'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. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Vice Chairman: Address: Address: Address: **B. OFFICERS** Brad King President: 332 Loblolly Way Address: \_ Grasonville, MD 21638 Vice President: Address: Secretary: Address: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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 or 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.817.155, F.S.

13. Brad King, Owner/President

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

## STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT KENT ISLAND SCUBA CORPORATION (D18042796), INCORPORATED JUNE 01, 2017, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JUNE 02, 2017.

**Acting Director** 



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice