

F17000002493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

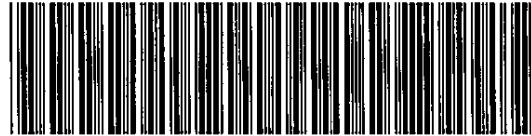
Special Instructions to Filing Officer:

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W17-29895

Office Use Only



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04/06/17--01023--005 **78.75

FILED

2017 JUN 14 A 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

n. BRUCE
JUN 15 2017

Hello,

Enclosed is the requested document from the State of Delaware.

Thank you for your assistance,

James Albert

727-798-7424

jim@neptuneflood.com

Neptune Flood Incorporated

355 15th Ave NE

St Petersburg FL 33704

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2017 JUN 14 A 9 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 7, 2017

JAMES ALBERT
NEPTUNE FLOOD INCORPORATED
355 15TH AVENUE NE
ST PETERSBURG, FL 33704

SUBJECT: NEPTUNE FLOOD INCORPORATED
Ref. Number: W17000029895

We have received your document for NEPTUNE FLOOD INCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 717A00006783

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2017 JUN 14 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Neptune Flood Incorporated
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," or "Certificate of Good Standing" 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:

James Albert
Name of Person
Neptune Flood Incorporated
Firm/Company
355 15th Ave NE
Address
St Petersburg FL 33704
City/State and Zip code
jim@neptune-flood.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jim Albert at (727) 798 7424
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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2017 JUN 14 A 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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. Neptune Flood Incorporated
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 36-4860658
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 02-10-17 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. Note: the company was formed as an FL LLC: Tangibly Unique Strategies LLC, 08/05/15
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 355 15th Ave NE, St Petersburg FL 33704
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

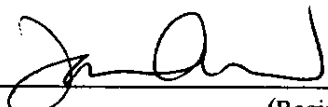
Name: James Albert

Office Address: 355 15th Ave NE
St Petersburg, Florida 33704
(City) (Zip code)

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TALLAHASSEE, FLORIDA

9. 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)

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: Wilbur L. Martin IV

Address: 595 5th Ave NE
St Petersburg FL 33701

Vice Chairman: James D. Albert

Address: 355 15th Ave NE
St Petersburg FL 33704

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: James D. Albert

Address: 355 15th Ave NE
St Petersburg, FL 33704

Vice President: Stephanie Lee

Address: 532 Severn Ave
Tampa, FL 33606

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 

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. James D. Albert

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "NEPTUNE FLOOD INCORPORATED" 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 FIFTH DAY OF JUNE, A.D. 2017.



6315180 8300

SR# 20172628450

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202648459

Date: 06-05-17