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M. SOLOMON

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 029741 4144A

AUTHORIZATION : 

COST LIMIT : \$ 70.00

ORDER DATE : October 30, 2019

ORDER TIME : 10:33 AM

ORDER NO. : 029741-020

CUSTOMER NO: 4144A

FOREIGN FILINGS

NAME: 4OCEAN PUBLIC BENEFIT
CORPORATION

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER: _____

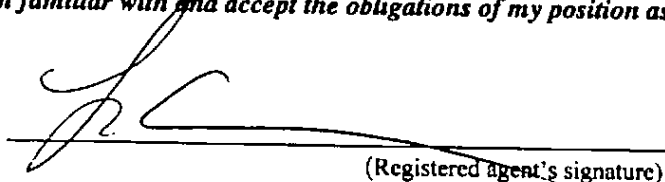
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*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. 4Ocean Public Benefit Corporation
(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. N/A
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. October 31, 2019 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. Upon Qualification
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 6560 W. Rodgers Circle, Suite 19, Boca Raton, FL 33487
(Principal office address)
- 6560 W. Rodgers Circle, Suite 19, Boca Raton, FL 33487
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Corporation Service Company
- Office Address: 1201 Hays Street
- Tallahassee, Florida 32301
(City) (Zip code)

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)

Lydia Cohen
Asst. Vice President

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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Andrew J. Cooper

Address: 6560 W. Rodgers Circle, Suite 19, Boca Raton, FL 33487

Director: Alexander J. Schulze

Address: 6560 W. Rodgers Circle, Suite 19, Boca Raton, FL 33487

B. OFFICERS

~~President~~ Co-CEO: Andrew J. Cooper

Address: 6560 W. Rodgers Circle, Suite 19, Boca Raton, FL 33487

~~Vice President~~ Co-CEO: Alexander J. Schulze

Address: 6560 W. Rodgers Circle, Suite 19, Boca Raton, FL 33487

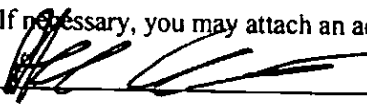
~~Secretary~~ CFO: Curtis Berchtold, 6560 W. Rodgers Circle, Suite 19, Boca Raton, FL 33487

~~Adm. Serv.~~ CMO: Corey Maynard, 6560 W. Rodgers Circle, Suite 19, Boca Raton, FL 33487

~~Treasurer~~ COO: Anita Norian, 6560 W. Rodgers Circle, Suite 19, Boca Raton, FL 33487

~~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. Andrew J. Cooper

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

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "4OCEAN PUBLIC BENEFIT CORPORATION" 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 THIRTY-FIRST DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "4OCEAN PUBLIC BENEFIT CORPORATION" WAS INCORPORATED ON THE THIRTY-FIRST DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.




Jeffrey W. Bullock, Secretary of State

7681557 8300

SR# 20197848312

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

Authentication: 203910991

Date: 10-31-19