

(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						

Office Use Only



800340387708

02/07/20--01001--006 **70.00

2020 F.C. -7 P.H. 3: 24

T GLASS FEB 1 9 2020

COVER LETTER

_	Division of Corporations							
SUBJECT	OCEAN Grants Name of Corporation – must include suffix							
Dear Sir or								
Affairs in F	"Application by Foreign Not for Profit Corporation for Authorization to Conduct its orida", "Certificate of Existence", or "Certificate of Status" and check are submitted to bove referenced not for profit corporation to conduct its affairs in Florida.							
Please retur	all correspondence concerning this matter to the following:							
	Jennifer Persson Name of Person							
	Ocean Grants Firm/Company							
	21194 Haymeadaw Dr.	,						
	21194 Haymeadow Dr. Saratoga, CA Gaddress 95070	1 0						
	95070	۔ ڊبر						
City/State and Zip Code								
E-mail address: (to be used for future annual report notification)								
For further i	formation concerning this matter, please call:							
Jenn	Name of Person at (408) 858-5221 Area Code Daytime Telephone Number							
Reg Div P.O	LING ADDRESS: stration Section dion of Corporations Box 6327 hassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301							
Enclosed is Please make	check for the following amount: neck payable to: FLORIDA DEPARTMENT OF STATE							
\$70.00		: &						

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA: (Name of corporation: must include the word "INCORPORATED" or "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. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.) (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Cattornia #82-2869115
tate or country under the law of which it is incorporated) (FEI number, if applicable) NIA
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.) Same (Current mailing address, if different) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Office Address: 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.

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.

(Registered agent's signature)

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTO	RS		_ 1		
□Chairman	Name: Michael Davis	□Chairman	Name: Ted Le	evinson	
□Vice Chairman	Address: 6821 Heatonibr.	□Vice Chairman	Address: 6214	SW Hood	Ave
Director	San Josep CA	Director	Portland	l or	
□President	95119	□President		97239	
□Vice President		□Vice President			
□Secretary	□Treasurer	□Secretary	□Treasur	· ·er	
Other:	☐ Other:	Other:	Other:		
□Chairman	Name: Patrick Scheufler	Ď Chairman	Name: Jennite	· Penson	
□Vice Chairman	Address: 323 Spreckles Dr. # A	□Vice Chairman	Address: 2194 F	tagmeadow !	Dr.
□Director	Aplos, CA	Director		, ,	
□President	95003	President		95070	
□Vice President		□Vice President		<u> </u>	
Secretary	A Treasurer	□ Secretary	□Treasur	rer	
□Other:	Other:	Other:	☐ Other:		
□Chairman	Name:	□Chairman	Name:	2020	
□Vice Chairman	Address:	□Vice Chairman	Address:	13. 13.	
□Director		□Director			
□President		□President		! 	
□Vice President		□Vice President		٠٠ <u>:</u> <u>ب</u>	
□Secretary	□Treasurer	□Secretary	□Treasur		
□Other:	□ Other:	□ Other:	Other:		
NOTE: Importan Non-indexed indiv	t Notice: Use an attachment to report more than six (viduals may be added to the index when filing your F	6). The attachment Torida Department	will be imaged for reporting of State Annual Report for	g purposes only. п.	
13	(Signatury of Chairman, Vice Chairman, or any office				
14.		ersson,	Chairman		

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

OCEAN GRANTS

FILE NUMBER: FORMATION DATE:

C4060242 08/28/2017

TYPE:

DOMESTIC NONPROFIT CORPORATION

JURISDICTION: CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of January 31, 2020.

ALEX PADILLA
Secretary of State