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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	<u> </u>





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S. ROBERTS NOV 2 2 2021

## COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI	FCT: ADVANCED OCEAN SYSTEM	4S, INC.		
5050		orporation - mus	t include suffix	-
Dear Si	r or Madam:			
"Certifi	closed "Application by Foreign Corporate of Existence," or "Certificate of referenced foreign corporation to trans	Good Standing"	and check are subn	
Please	return all correspondence concerning	this matter to the	following:	
Raymor	nd G. Robison			
		Name of Person	1	
Fox Mc	Cluskey Bush Robison, PLLC			
		Firm/Company		
3461 SI	E Willoughby Blvd.			
		Address		
Stuart, I	FL 34994			
		ity/State and Zip	code	
danielle	@foxmccluskey.com			
	h-mail address: (t	o be used for fut	ire annual report no	otification)
For furt	ther information concerning this matte	er, please cail:		
Raymoi	nd G. Robison	, 772 28	7-4444	
	Name of Person	Area Code	Daytime Telepho	one Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING AD Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
Please ir	ed is a check for the following amountake check payable to: FLORIDA DEPA 00 Filing Fee	ARTMENT OF Size $\mathbb{C} = \mathbb{C} = \mathbb{C}$	FATE 75 Filing Fee & ified Copy	■ \$87.50 Filing Fee. Certificate of Status & Certified Copy

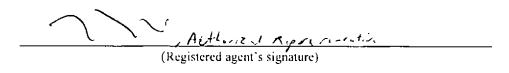
## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

Enter name of c	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY." "CORPORATIO	N,"
	·		
(If name unavail	able in Florida, enter alternate corporate name ad-	opted for the purpose of transacting	ng business in Florida)
Delaware	3		
	y under the law of which it is incorporated)	(FEI number, if ap	oplicable)
November 3, 20	121		
(Date	of incorporation) 5.	(Date of duration, if other	than perpetual)
	(Date first transacted business in F	lorida if prior to registration)	
			ity)
8502 SW Kansas	(SEE SECTIONS 607.1501 & 607.1502		ity)
. 8502 SW Kansas		2. F.S., to determine penalty liabil	ity)
8502 SW Kansas	(SEE SECTIONS 607.1501 & 607.1502 Ave., Stuart, FL 34997 (Principal office	2. F.S., to determine penalty liabil street address)	ity)
8502 SW Kansas	(SEE SECTIONS 607.1501 & 607.1502 Ave., Stuart, FL 34997 (Principal office	2. F.S., to determine penalty liabil	
	(SEE SECTIONS 607.1501 & 607.1502  Ave., Stuart, FL 34997  (Principal office)  (Current mailing a	2. F.S., to determine penalty liabil street address) address, if different)	
	(SEE SECTIONS 607.1501 & 607.1502  Ave., Stuart, FL 34997  (Principal office  (Current mailing a set address of Florida registered agent: (P.O. 1	2. F.S., to determine penalty liabil street address) address, if different)	2821 NOV 2
	(SEE SECTIONS 607.1501 & 607.1502  Ave., Stuart, FL 34997  (Principal office)  (Current mailing a	2. F.S., to determine penalty liabil street address) address, if different)	2821 NOV 22
. Name and stree	(SEE SECTIONS 607.1501 & 607.1502  Ave., Stuart, FL 34997  (Principal office  (Current mailing a set address of Florida registered agent: (P.O. 1	2. F.S., to determine penalty liabil street address) address, if different)	2821 NOV 22
. Name and stree	(SEE SECTIONS 607.1501 & 607.1502  Ave., Stuart, FL 34997  (Principal office  (Current mailing a et address of Florida registered agent: (P.O. 1)  Fox McCluskey Bush Robison, PLLC  3461 SE Willoughby Blvd.	2. F.S., to determine penalty liabil street address) address, if different)	2821 NOV 22

#### 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.



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.

#### A. DIRECTORS Name: Kevin Peterson Robert Mulcahy □Chairman ☐ Chairman Name: 8502 SW Kansas Ave. 8502 SW Kansas Avc. □Vice Chairman Address: □ Vice Chairman Address: Stuart, FL 34997 Stuart, FL 34997 Director ■ Director President □President □ Vice President \_\_\_\_\_ ■ Vice President □Sceretary ☐ Treasurer ☐ Secretary ☐ Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Other \_\_\_\_\_ Name: James Flannery Name: Kevin Comer □ Chairman □ Chairman □ Vice Chairman Address: 8502 SW Kansas Ave. 8502 SW Kansas Ave. Address: ☐ Vice Chairman Stuart, FL 34997 Stuart, FL 34997 □Director Director □ President □President □ Vice President □Vice President **■** Sucretary **■** Treasurer □ Secretary ☐ Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other Stephen Magida Name: Ken Sebok □ Chairman ☐ Chairman 8502 SW Kansas Ave. 8502 SW Kansas Ave. □Vice Chairman Address: □Vice Chairman Stuart, FL 34997 Stuart, FL 34997 ■ Director ■ Director President □President □Vice President □ Vice President □ Secretary ☐ Treasurer □ Secretary ☐ Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) aftirms that the facts stated herein are true and that he or she is aware that false information submitted and document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. James Flannery, Treasurer/Secretary

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## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ADVANCED OCEAN SYSTEMS, 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 NINETEENTH DAY OF NOVEMBER, A.D.

2021.

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

Authentication: 204745051

Date: 11-19-21