

9/8/22, 8:45 AM

Sharon M. Anast 8132296553

(01/04) 09/08/2022 08:52:43 AM

Division of Corporations

Florida Department of State
Division of Corporations
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FOREIGN PROFIT/NONPROFIT CORPORATION

Archimedes Marine Operations, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	03
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S. FRANKLIN

SFP 09 2022

**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. Archimedes Marine Operations, Inc.

(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. 88-4049885
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/02/2022 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1 Bristow Way, Titusville, FL 32780
(Principal office street address)

(Current mailing address, if different)

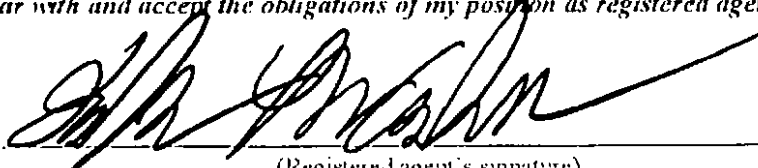
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Taber MacMallum

Office Address: 1 Bristow Way
Titusville, Florida 32780
(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)

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:
(((H22000309624 3)))

A. DIRECTORS

☐ Chairman Name: Jane Poynter
☐ Vice Chairman Address: 1 Bristow Way
☒ Director Titusville, FL 32780
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☒ Other Co CEO ☐ Other _____

☐ Chairman Name: Taber MacCallum
☐ Vice Chairman Address: 1 Bristow Way
☒ Director Titusville, FL 32780
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Co CEO ☐ Other _____

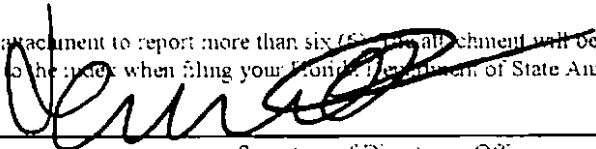
☐ Chairman Name: Alan Eustace
☐ Vice Chairman Address: 1 Bristow Way
☒ Director Titusville, FL 32780
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Anton Brevde
☐ Vice Chairman Address: 1 Bristow Way
☒ Director Titusville, FL 32780
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Brandon Simmons
☐ Vice Chairman Address: 1 Bristow Way
☒ Director Titusville, FL 32780
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6) attachments 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.

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. Jane Poynter, Co-CEO
(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 "ARCHIMEDES MARINE OPERATIONS, 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 SIXTH DAY OF SEPTEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ARCHIMEDES MARINE OPERATIONS, INC." WAS INCORPORATED ON THE SECOND DAY OF SEPTEMBER, A.D. 2022.

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

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A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

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

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Date: 09-06-22