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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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FOREIGN PROFIT/NONPROFIT CORPORATION

Black In Marine Science

Certificate of Status	0
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Page Count	04
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Help

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:

Washington (State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (PEI number, if applicable) (Date of Incorporation) (Date
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine per 7901 4th St N STE 300, St. Petersburg, FL 33702 (Principal office street address) 7901 4th St N STE 300, St. Petersburg, FL 33702 (Current mailing address, if different) To celebrate Black marine scientists, spread environmental awareness and inspire the next generation of scientific
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o celebrate Black marine scientists, spread environmental awareness and inspire the next generation of scientific
urpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
Vame and street address of Florida registered agent: (P.O. Box NOT acceptable)
Alamba and Barrian and Alamba and
Name: Northwest Registered Agent LLC
ce Address: 7901 4th St N STE 300
St. Petersburg Florida 33702
(City) (Zip Code)
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Northwest Registered Agent LLC flice Address: 7901 4th St N STE 300 St. Petersburg (City) City) St. Registered agent's acceptance: (City) St. Registered agent and to accept service of process for the above stated corporations in this application. I hereby accept the appointment as registered agent and agree to act in a complete performance to comply with the provisions of all surfaces to the proper and complete performance to comply with the provisions of all surfaces to the proper and complete performance to the proper and the

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.

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

A. DIRECTOR	RS					
□Chairman	Name: Tiara Moore	□Chairman	Name: Camille Gaynus			
□Vice Chairman	Address: 7901 4th St N STE 300	□Vice Chairman	Address: 7901 4th St N STE 300			
□Director	St. Petersburg, FL 33702	Director	St. Petersburg, FL 33702			
□President		X President				
□Vice President		□Vice President				
□Secretary	[]Treasurer	☐ Secretary	☐ Treasurer			
XOther: <u>CEO</u>	☐ Other:	□Other:	Other:			
□Chairman	Name: Lydia Nelson	□Chairman	_{Name:} Angela Tyler			
□Vice Chairman	Address: 7901 4th St N STE 300	□Vice Chairman	Address: 7901 4th St N STE 300			
□Director	St. Petersburg, FL 33702	□Director	St. Petersburg, FL 33702			
□President	· · · · · · · · · · · · · · · · · · ·	□President				
□Vice President		□Vice President				
∑ Secretary	□Treasurer	☐ Secretary	X Treasurer			
□Other:	Other:	□Other:	Other:			
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President		□President				
□Vice President		□Vice President				
□ Secretary	□Treasurer	☐ Secretary	□Treasurer			
Other:	□ Other:	□Other:	Other:			
	1 Notice: Use an attachment to report more that widuals may be added to the index when filing					
13	(Signature of Chairman, Vice Chairman, or ai	nv officer listed in number	12 of the application)			
Tiara Moore - CEO (Typed or printed name and capacity of person signing application)						
(Typed or printed name and capacity of person signing application)						

Contractor -

Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

BLACK IN MARINE SCIENCE

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 12/22/2020.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 04/04/2023 UBI Number: 604 681 192

STATE ON NASHING

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

L R Hohire

Steve R. Hobbs, Secretary of State

Date Issued: 04/04/2023