

F230000005128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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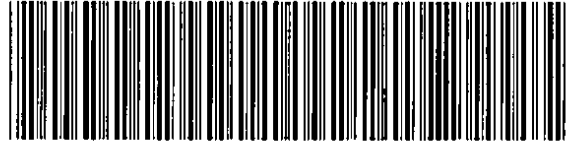
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL



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F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 09/06/2023

Name: Merritt

Reference #: 2115415

Entity Name: AQUA PARADISE MARINE CORP.

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$70

Signature: mw



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Signature: *mw*

**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. AQUA PARADISE MARINE CORP.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Marshall Islands

(State or country under the law of which it is incorporated)

3. 66-1040847

(FEI number, if applicable)

4. May 8, 2023

(Date of incorporation)

5. Perpetual

(Date of duration, if other than perpetual)

6. N/A

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

7. 1515 SW 20th Street, Fort Lauderdale, FL 33315

(Principal office street address)

c/o 1441 Brickell Ave, Ste 1400, Miami FL 33131

(Current mailing address, if different)

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

Name: Robert Allen Law, P.A.

Office Address: 1441 Brickell Ave., Suite 1400

Miami, Florida 33131

(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) Christopher Anderson

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]:

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SECRETARY OF STATE
TALLAHASSEE, FL

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A. DIRECTORS

☐ Chairman Name: Aris Harry Pappas
☐ Vice Chairman Address: 1441 Brickell Ave. Ste 1400
☒ Director Miami, FL 33131
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

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

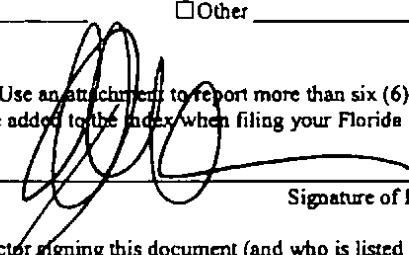
☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

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

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ 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). 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.

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. Aris Harry Pappas, Director
(Typed or printed name and capacity of person signing application)

THE REPUBLIC OF THE MARSHALL ISLANDS
REGISTRAR OF CORPORATIONS

CERTIFICATE OF GOODSTANDING

I HEREBY CERTIFY, That I have made a diligent examination of the files of The Trust Company of the Marshall Islands, Inc., Registrar of Corporations for non-resident corporations, in respect of all instruments filed in accordance with § 5 of the Marshall Islands Business Corporations Act regarding

AQUA PARADISE MARINE CORP.
Registration Number 119954

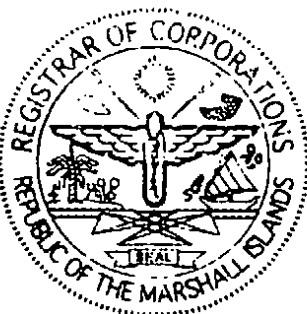
incorporated on

May 8, 2023

and with Registered Agent

The Trust Company of the Marshall Islands Inc.
Trust Company Complex
Ajeltake Road, Ajeltake Island
Majuro, Marshall Islands MH96960

and upon such examination, I find no filed or recorded instruments that would contravene that such corporation is and remains a subsisting corporation and that the corporation has paid all taxes and fees due and payable and, therefore, is in good standing as of the date hereon.



WITNESS my hand and the official seal of the
Registry on August 25, 2023.

Cisilia Jean

Cisilia Jean
Deputy Registrar