

F230000000275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

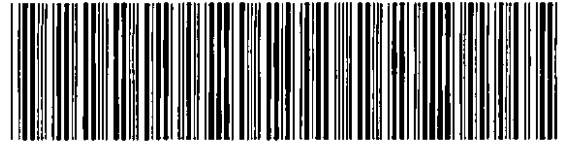
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W23-145082

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10/17/23--01034--002 \*\*78.75

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2023 NOV -6 PM 4:09  
SECRETARY OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 23, 2023

JANNET DEL CARPIO PUNCHARD  
1819 SE 17TH STREET #1204  
FORT LAUDERDALE, FL 33316 US

SUBJECT: OYSTER INSTITUTE INC.  
Ref. Number: W23000145082

We have received your document for OYSTER INSTITUTE INC. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Ariel Jones  
Regulatory Specialist II

Letter Number: 823A00024634

## COVER LETTER

**TO:** Registration Section  
Division of Corporations  
OYSTER INSTITUTE INC.

**SUBJECT:** \_\_\_\_\_  
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

JANNET DEL CARPIO PUNCHARD

\_\_\_\_\_  
Name of Person

OYSTER INSTITUTE INC.

\_\_\_\_\_  
Firm/Company

1819 SE 17th. STREET # 1204

\_\_\_\_\_  
Address

FORT LAUDERDALE, FL 33316

\_\_\_\_\_  
City/State and Zip Code

jannet.delcarpio@act4.bio

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JANNET DEL CARPIO PUNCHARD

954

471 5557

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_

Area Code

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee

☒ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**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:

1. OYSTER INSTITUTE INC.  
(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.)  
THE OYSTER INSTITUTE  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. MARYLAND 3. 46-3758810  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. MAY, 21 2014 5. N/A  
(Date of Incorporation) (Date of duration, if other than perpetual)
6. \_\_\_\_\_  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 2116 MARK STREET, BEL AIR MD 21015  
(Principal office street address)
- 1819 SE 17TH STREET # 1204, FORT LAUDERDALE, FLORIDA 33316  
(Current mailing address, if different)

8. TO CREATE SUSTAINABLE OYSTER REEFS AND PROVIDE SUPPORTING SERVICES  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

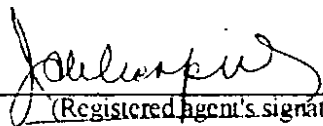
Name: JANNET DEL CARPIO PUNCHARD

Office Address: 1819 SE 17TH STREET # 1204

FORT LAUDERDALE, Florida 33316  
(City) (Zip Code)

**FILED**  
2023 NOV -6 PM 4:09  
SECRETARY OF STATE  
TALLAHASSEE, FL

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.*

  
(Registered agent's signature)

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. DIRECTORS**

☐ Chairman Name: DAVID PUNCHARD  
100117th Ave. Parkland, FL 33067

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☒ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: DAVID MARSIDI  
5401 Godfrey Rd. Parkland, FL 33067

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☒ Treasurer

☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: PATRICK M. HUDSON  
309 GOODWOOD GARDENS, MD 21210

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☒ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: JAMES P. McVEY, PH.D.  
1150 Hellen Creek, Lusby MD 20657

☐ Vice Chairman Address: \_\_\_\_\_

☒ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: JANNET DEL CARPIO P.  
10211 7th Ave. Parkland, FL 33067

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☒ Secretary ☐ Treasurer

☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: CHRISTOPHER GEORGAKOPOULOS  
4019 NE 34th. Ave FL 33308

☐ Vice Chairman Address: \_\_\_\_\_

☒ Director \_\_\_\_\_

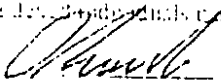
☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

**NOTE: Important Note:** Use an attachment to report more than six (6). The attachment will be indexed for reporting purposes only and the individuals may be added to the index when filing your Florida Department of State Annual Report form.

  
\_\_\_\_\_  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

DAVID PUNCHARD

\_\_\_\_\_  
(Typed or printed name and capacity of person signing application)

October 12 2023

Oyster Institute Inc.

46-3758810

List of names, titles and mailing addresses of all officers, directors, and trustees

Name	Title	Mailing Address	Compensation
David Punchard dpunchard@oyster.institute	President (954) 610 3636	1819 SE 17 <sup>th</sup> St Ft Lauderdale FL 33316	none
Patrick M. Hudson pat@oyster.institute	Vice-President (410) 790-1138	209 Goodwood Gardens Baltimore MD 21210	none
Jannet Del Carpio <u>jannet.delcarpio@act4.bio</u>	Secretary (954) 471-555	1819 SE 17 <sup>th</sup> St Ft Lauderdale FL 33316	none
David Marsidi dmarsidi@oyster.institute	Treasurer (954) 604-9049	5401 Godfrey Rd Parkland FL 33067	none
James P. McVey, Ph.D. <u>jim59@comcast.net</u>	Director (240) 899-8833	1150 Hellen Creek Lusby MD 20657	none
Christopher Georgakopoulos <u>chrisk@equiway.com</u>	Director (202) 870-7808	4019 NE 34th Ave FL 33308	none
Herman Vonhof  <u>hvonhof@oyster.institute</u>	Director  (678) 549-5393	4403 Northside Parkway NW Apt. 1220 Atlanta GA. 30327	none

# ***STATE OF MARYLAND***

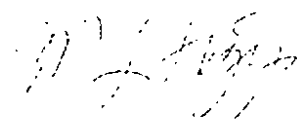
## ***Department of Assessments and Taxation***

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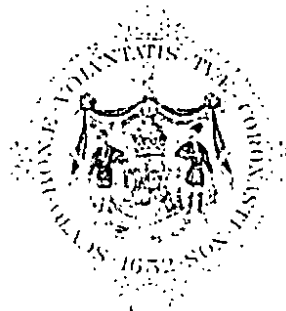
I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT OYSTER INSTITUTE INC (D15476302), INCORPORATED SEPTEMBER 30, 2013, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS NOVEMBER 03, 2023.



Michael L. Higgs  
Director



*301 West Preston Street, Baltimore, Maryland 21201*  
*Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941*  
*MRS (Maryland Relay Service) (800) 735-2258 TTY/Voice*

Online Certificate Authentication Code: QZ4B\_VIEK0GxuktpuaeYAw  
To verify the Authentication Code, visit <http://dat.maryland.gov/verify>