Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:		

# FOREIGN PROFIT/NONPROFIT CORPORATION **Ocean Marine Surveyors**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00



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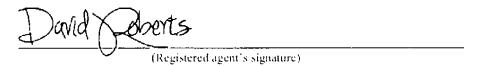
1/29/2024 10:24:40 PST To: 18506176383 Page: 2/4 From: Registered Agents Inc. Fax: 8134365206

# 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.

"Inc.," "Co.," "C	orporation; must include "INCORPORATED," orp." "Inc." "Co." or "Corp.")	"COMPANY," "CORPORATION	ζ."	
Ocean Marine S	surveyors Inc.			
(If name unavail	able in Florida, enter alternate corporate name ac	lopted for the purpose of transacting	g business in Florida)	
California	3			
(State or countr	y under the law of which it is incorporated)	3		
05/23/2017	5			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
7901 4th St N ST	(SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration)  2. F.S., to determine penalty liability	ty)	
		2. F.S., to determine penalty liability	ty)	
-	(SEE SECTIONS 607.1501 & 607.150 E 300 St. Petersburg FL 33702  (Principal office E 300 St. Petersburg FL 33702	2. F.S., to determine penalty liability	ly)	
7901 4th St N ST	(SEE SECTIONS 607.1501 & 607.150 E 300 St. Petersburg FL 33702  (Principal office E 300 St. Petersburg FL 33702	2. F.S., to determine penalty liability street address) address, if different)	2024 JAH 2	
7901 4th St N ST  Name and street  Name:	(SEE SECTIONS 607.150) & 607.150  E 300 St. Petersburg FL 33702  (Principal office E 300 St. Petersburg FL 33702  (Current mailing et address of Florida registered agent: (P.O.	2. F.S., to determine penalty liability street address) address, if different)	2024 JAH 29	
7901 4th St N ST	(Principal office (Principal office) E 300 St. Petersburg FL 33702  (Principal office) (Current mailing) Et address of Florida registered agent: (P.O. Registered Agents Inc.  7901 4th St N STE 300	2. F.S., to determine penalty liability street address) address, if different)	2024 JAH 2	

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.

/29/2024 10:24:40 PST	To 18506176383	Page: 3/4	From, Registered Agents Inc.	Fax: 8134365206
14314444 14 44,44 531	10 10000170000	raye. Jin	From Registered Agents inc	: ax. 013~300200

A. DIRECTORS			
□Chairman	Malhiot, George Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
<b>X</b> (Director	7901 4th St N STE 300	∐Director	
X(President	St. Petersburg FL 33702	□ President	
□Vice President		□Vice President	
X Secretary	X Treasurer	☐ Secretary	□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
□Chairman	Name:	□ Chairman	Name:
∟!Vice Chairman	Address:	∟Vice Chairman	Address:
□Director		_ Director	
□President		□ President	
□Vice President		□ Vice President	
☐ Secretary	□Treasurer	□ Secretary	□Freasurer
□Other	Other	□Other	Other
individuals may be	ise an attachment to report more than six (6). The attact added to the index when filing your Florida Department as Malhiot.  Signature of Director of	nt of State Annual Re	

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.

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I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: OCEAN MARINE SURVEYORS

**Entity No.:** 4029103 **Registration Date:** 05/23/2017

Entity Type: Stock Corporation - CA - General

Formed In: CALIFORNIA

Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of January 27, 2024.

SHIRLEY N. WEBER, PH.D.

CAG-10

Secretary of State

Certificate No.: 177235728

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.