

Division of Corporations

Florida Department of State

Division of Corporations

F24000005951

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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.**

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION Diving Plongeon Canada

Certificate of Status	0
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TALLAHASSEE, FL

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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. Diving Plongeon Canada 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.)

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

2. Canada 3. 132004953RR0001
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/25/1968 5. _____
(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. 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)

8. The purpose of this organization includes, but is not limited to: Activities related to the sport of Diving and High Diving
(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: Northwest Registered Agent LLC
Office Address: 7901 4th St N STE 300
St. Petersburg, Florida 33702
(City) (Zip Code)

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10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation in 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.

Taylor Newman
(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: Olanski, Bernie
☐ Vice Chairman Address: _____
☒ Director 7901 4th St N STE 300
☐ President St. Petersburg, FL 33702
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Despatie, Alexandre
☐ Vice Chairman Address: _____
☒ Director 7901 4th St N STE 300
☐ President St. Petersburg, FL 33702
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Muir, Debbie
☐ Vice Chairman Address: _____
☒ Director 7901 4th St N STE 300
☐ President St. Petersburg, FL 33702
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Brewer, Jill
☐ Vice Chairman Address: _____
☒ Director 7901 4th St N STE 300
☐ President St. Petersburg, FL 33702
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Turner, Heather
☐ Vice Chairman Address: _____
☒ Director 7901 4th St N STE 300
☐ President St. Petersburg, FL 33702
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Sinclair, Scott
☐ Vice Chairman Address: _____
☒ Director 7901 4th St N STE 300
☐ President St. Petersburg, FL 33702
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

NOTE: 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.

13. Bernie Olanski
 (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Bernie Olanski, director
 (Typed or printed name and capacity of person signing application)



Innovation, Science and
Economic Development Canada
Innovation, Sciences et
Développement économique Canada

Innovation, Science et
Développement économique Canada
Innovation, Sciences et
Développement économique Canada

Certificate of Compliance

Canada Not-for-profit Corporations Act s. 290

Certificat de conformité

*Loi canadienne sur les organisations à but non
lucratif art. 290*

Diving Plongeon Canada

Corporate name / Dénomination de l'organisation

034360-9

Corporation number / Numéro de
l'organisation

I HEREBY CERTIFY that the above-named
corporation:

- exists under the *Canada Not-for-profit
Corporations Act*;
- has filed the required annual returns; and
- has paid all prescribed fees required.

JE CERTIFIE, par la présente, que
l'organisation susmentionnée :

- existe en vertu de la *Loi canadienne sur les
organisations à but non lucratif*;
- a déposé les rapports annuels exigés; et
- a acquitté tous les droits prescrits exigibles.

Hantz Prosper

Director / Directeur

2024-11-18

Issuance date (YYYY-MM-DD)
Date d'émission (AAAA-MM-JJ)