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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : THE LICENSE COMPANY LLC
Account Number : I20210000181
Phone : (844)484-2466
Fax Number : (888)204-8716

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

Email Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FL

Division of Corporations
2023 MAY -2 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company
Dive Army LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$125.00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dive Army LLC
(Name of Limited Liability Company)

The enclosed Application by Foreign for Limited Liability Company for Authorization to Transact Business in Florida and check are submitted to register the above-named limited liability company to do business in Florida.

Please send all correspondence concerning this matter to the following:

The License Company LLC
(Name of Person)

The License Company LLC
(Firm/Company)

55 E Granada Blvd #1415
(Address)

Ormond Beach, FL 32175
(City/State and Zip Code)

info@thelicensecompany.com
(E-mail address to be used for future annual report notification)

For further information concerning this matter please call:

The License Company LLC at (844) 484-2466
(Name of Contact Person) (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
☒ $125 Filing Fee ☐ $130.00 Filing Fee & ☐ $155 Filing Fee & ☐ $160.00 Filing Fee & Certificate
Certificate of Status Certified Copy of Status or Certified Copy

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Dive Army LLC
[illegible]

[illegible]

2. Wyoming
[illegible]

3. 46-4132564
[illegible]

4. [illegible]

5. 3675 Lower Honoapiilani Rd. A-203
Lahaina, Hawaii 96761
[illegible]

6. 3676 Lower Honoapiilani Rd. A-203
Lahaina, Hawaii 96761
[illegible]

7. 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

2023 MAY -2 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

Tom Glover

[illegible]

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8. [illegible] (up to six persons)

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
☑ Manager	Name: Christopher Robin Green Adams	☐ Manager	Name:
☐ Member	Address: [illegible]	☐ Member	Address:
☐ Authorized Person	Lahaina, Hawaii 96761	☐ Authorized Person	
☐ Other	☐ Other	☐ Other	☐ Other
☐ Manager	Name:	☐ Manager	Name:
☐ Member	Address:	☐ Member	Address:
☐ Authorized Person		☐ Authorized Person	
☐ Other	☐ Other	☐ Other	☐ Other
☐ Manager	Name:	☐ Manager	Name:
☐ Member	Address:	☐ Member	Address:
☐ Authorized Person		☐ Authorized Person	
☐ Other	☐ Other	☐ 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.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

(Signature)

Christopher Robin Green Adams

(Typed or printed name of signee)

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STATE OF WYOMING
Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

Dive Army LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **December 19, 2022**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2022-001197769**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 2nd day of May, 2023 at 12:04 PM. This certificate is assigned ID Number 060545716.

Chuck Gray

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.