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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 : 120210000181
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: _____

Foreign Limited Liability Company Dive Army LLC

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

SECRETARY OF STATE
TALLAHASSEE, FL

2023 MAY -2 PM 4:27

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21:34 PM 2-18-2023

VERGIL, FLORIDA
STATE

CP

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AN FIDELIZATION TO TRANSACT BUSINESS
IN FLORIDAIN COMPLIANCE WITH SECTION 605, FLORIDA STATUTES, THE FOLLOWING FOREIGN LIMITED LIABILITY COMPANY
WANTS TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Dive Army LLC

2. State of Foreign Limited Liability Company: (Include "Foreign" in the company name if the company is not a U.S. company)

3. State of the company's principal office: (Include "Foreign" in the state name if the company is not a U.S. company)

Wyoming

46-4132564

4. Principal office address in the state of the company: (Include "Foreign" in the address if the company is not a U.S. company)

5. 3675 Lower Honoapiilani Rd. A-203

6. 3675 Lower Honoapiilani Rd. A-203

7. Address in the state of the company:

8. Address in the state of the company:

Lahaina, Hawaii 96761

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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

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.



Accepted and signed by agent

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

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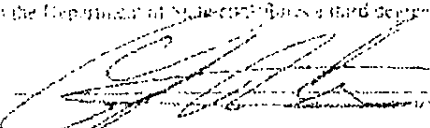
8. The attached outgoing paper(s) include the following persons and either one of the primary addresses (manager, authorized person) and one of the manager (person) contact(s):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☒ Manager	Name: Christopher Robin Green Adams	☒ Manager	Name: _____
☐ Member	Address: 96 Wewee Road, Suite 4750	☐ Member	Address: _____
☐ Authorized Person	Lahaina, Hawaii 96761	☐ Authorized Person	_____
☐ Other	_____	☐ Other	_____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized Person	_____	☐ Authorized Person	_____
☐ Other	_____	☐ Other	_____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized Person	_____	☐ Authorized Person	_____
☐ 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 of validity, 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 received in accordance with section 607.62(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 FS 817.30(1)(a).


Christopher Robin Green Adams

(Typed or printed name of signer)

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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.



A handwritten signature in cursive script that reads 'Chuck Gray'.

Secretary of State