N15101009055

(Red	questor's Name	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phor	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Na	me)
(Doc	cument Number)
Certified Copies	Certificate	s of Status
Special Instructions to F	Filing Officer:	
		N6

Office Use Only

800276892418

09/10/15--01014--002 **70.00

15 SEP 10 PM 4: 19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A Grien Co. S. T. July

COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: The Diving '	Whales Corporation				
SUBJECT:	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)				
Enclosed is an original a	and one (1) copy of the Arti	cles of Incorporation and	a check for :		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate		
		ADDITIONAL COPY REQUIRED			
FROM:	Name (Printed or typed) 7#22 Ox for d Garden Circle Address				
	Apollo Beach, FL 33572				

814-952-7015

dthomasathey@gmail.com

NOTE: Please provide the original and one copy of the articles.

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

City, State & Zip

Daytime Telephone number

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

The nam	e of the corporation shall be:	Corporation		
<u>ARTICL</u>	EII PRINCIPAL OFFICE Principal street address: 7422 Oxford Garden C	ircle	Mailing address, if differe	nt is:
	Apollo Beach FL 33572			
	EIII PURPOSE oose for which the corporation is organized is: onal, and scientific purposes, including for such pu		Corporation is organized exclusivg of distributions to organization	
	ations under section 501(c)(3) of the Internal Reve			
	ing Whales Corporation is organized to travel the			
~	seas and the people and marine life that depend on			
technolo	ogy and social media about those damages and hov	v it effects them n	o matter where they live, and ho	w they can help.
ARTICL The n ARTICL Name an Address	nanner in which the directors are elected of the V INITIAL OFFICERS AND/OR DIRECT and Title: D. Thomas Athey - Chairman 7422 Oxford Garden 4 Apollo Beach, FL 33572	or appointed is ORS Name and Title	provided in the bylaws of the	he corporation. 10 PH 4: 19 NSSEE, FLORIDA
Name an		-	<u> </u>	<u></u>
Address	7422 Oxford Garden Gire Apollo Beach, FL 33572	Address:		
Name an	d Title:	Name and Title		
Address		_ Address:		
		-		

Name and Title:		Name and Title:	
Address	· · · · · · · · · · · · · · · · · · ·	Address:	·
-			
Name and Title:		Name and Title:	
Address _		Address:	
-			
	<u>REGISTERED AGENT</u> <u>lorida street address</u> (P.O. Box NOT acc	eptable) of the registered agent is:	
Name:	D. Thomas Athey		
Address:	7422 Oxford Gar	eden Concle	2 6
	Apollo Beach, FL 33572	2	ECHE SE
		ı	ES T minum
	INCORPORATOR Idress of the Incorporator is:		
Name:	D. Thomas Athey		PHIL
Address:	7422 Oxford Gara	den Circle	PH L: 19
	Apollo Beach, FL 33572	2	
Effective date, if	EFFECTIVE DATE: other than the date of filing: late is listed, the date must be specific a	. (OPTIONAI nd cannot be more than five busin	(L) ess days prior or 90 business days
	inserted in this block does not meet the a tive date on the Department of State's rec		ts, this date will not be listed as the
Having been nar certificate, I am J	med as registered agent to accept service familiar with and accept the appointment o	of process for the above stated cor as registered agent and agree to act i	poration at the place designated in this in this capacity
176	See		6/12/15
	Required Signature of Registered	Agent	Date
I submit this doci	ument and affirm that the facts stated here t of State constitutes a third degree felony	ein are true. I am aware that any fal as provided for in s.817.155, F.S.	se information submitted in a document
12	T Part of the control		6/12/15
	Required Signature of Incom	porator	Date