## N1900005473

(Re	equestor's Name)	
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TO MAY 17 AH III: 12

## \* COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 SUBJECT: One Blue Ocean, Inc (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for : **\$70.00 ☐ \$78.75** S87.50 **\$78.75** Filing Fee Filing Fee & Filing Fee Filing Fee, Certified Copy Certificate of & Certified Copy & Certificate Status

ADDITIONAL COPY REQUIRED

Name (Printed or typed)		
Address		
St Petersburg, FL 33712		
City, State & Zip		
813,902,1444		
Daytime Telephone number		
henthornea oneblueocean.org		

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

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

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<u>AKTICLE II</u>	PRINCIPAL OFFICE			19 MAY 17 MAIN
21201	Principal <u>street</u> address:		Mailing address, if different	is:
<del></del>	Ferminal Drive South	<u> </u>	<del>-</del> - <del>-</del>	
St Pet	ersburg, FL 33712			
· <b>-</b>			· <u> </u>	
ARTICLE III	<u>PURPOSE</u>	The general purpose	of the corporation is to engage in c	haritable, educations
			nul Revenue Code, or corresponding	
_	-	— ·		
future tax code ———————	<del></del>			
<u> </u>				
-	-	· <del>-</del>		
ARTICLE IV	MANNER OF ELECTION 1	he manner in which the dir	ectors are elected and appointed:	ted in byławs
ARTICLE V	INITIAL OFFICERS AND/OR		ectors are elected and appointed:	ted in byławs
ARTICLE V			College Habo Transmer	ted in byławs
( <i>RTICLE V</i> Name and Title	INITIAL OFFICERS AND/OR	<u>DIRECTORS</u>	College Habo Transmer	ted in byławs
ARTICLE V	INITIAL OFFICERS AND/OR Christopher Chin, Secretary	DIRECTORS  Name and Titl	ectors are elected and appointed:  Colleen Hahn, Treasurer	ted in byławs
ARTICLE V	Christopher Chin, Secretary PO Box 1945	DIRECTORS  Name and Titl	Colleen Hahn. Treasurer e: PO Box 1252	ted in byławs
ARTICLE V Name and Title Address	Christopher Chin, Secretary PO Box 1945 Orinda, CA 94563	DIRECTORS  Name and Titl  Address:	ectors are elected and appointed:  Colleen Hahn. Treasurer  PO Box 1252  Middleburg, VA 20118	
ARTICLE V  Name and Title  Address  Name and Title	INITIAL OFFICERS AND/OR  Christopher Chin, Secretary  PO Box 1945  Orinda, CA 94563  Jason Henthorne, President	DIRECTORS  Name and Titl Address:  Name and Titl	Colleen Hahn. Treasurer e: PO Box 1252	
ARTICLE V  Name and Title  Address  Name and Title	INITIAL OFFICERS AND/OR  Christopher Chin, Secretary  PO Box 1945  Orinda, CA 94563  Jason Henthorne, President  2430 Terminal Drive South	DIRECTORS  Name and Titl  Address:	ectors are elected and appointed:  Colleen Hahn. Treasurer  PO Box 1252  Middleburg, VA 20118	
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ARTICLE V  Name and Title  Address  Name and Title  Address	Christophei Chin, Secretary  PO Box 1945  Orinda, CA 94563  Jason Henthorne, President  2430 Terminal Drive South  St Petersburg, F1 33712	Name and Titl Address:  Name and Titl Address:  Address  Address	Colleen Hahn. Freasurer e: PO Box 1252 Middleburg, VA 20118	
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Address	Christopher Chin, Secretary  PO Box 1945  Orinda, CA 94563  Jason Henthorne, President  2430 Terminal Drive South  St Petersburg, F1 33712	Name and Titl Address  Name and Titl Address  Name and Titl Address  Name and Titl	e:  Colleen Hahn. Treasurer  PO Box 1252  Middleburg, VA 20118  e:	

Name and Title:_		Name and Title:	
Address		Address:	
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Address _		Address:	19 HAY
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			AT II: 12
	<u>REGISTERED AGENT</u> u <mark>rida street address</mark> (P.O. Box <b>NOT</b> accep	table) of the registered agent is:	2
Name:	Jason Henthorne		
Address:	2430 Terminal Drive S	outh	
	St Petersburg, FL 337	12	
	INCORPORATOR dress of the Incorporator is:		
Name:	Jason Henthorne		
Address:	2430 Terminal Drive S	outh	
	St Petersburg, FL 337	12	
<u>ARTICLE VIII</u>	EFFECTIVE DATE: June 8, 2	2019	
Effective date, if (If an effective d		(OPTIONAL)  I cannot be more than five days prior or 90 days after	the filing.)
	inserted in this block does not meet the applicate on the Department of State's recor	olicable statutory filing requirements, this date will not be ds.	: listed as the
Having been nor	and account to account various a	f process for the above stated corporation at the place	dovianated in this
		registered agent and agree to act in this capacity	aesigninea in ims
	15	= 414/	<u> </u>
English of St.	Respired Signature of Registered		wad in a damana
	t of State constitutes a third degree felony a	n are true, I am aware that any false information submit is provided for in s.817.155, F.S.	на и и имитет
		5/14/	2015
	Required Signature of Incorp	orator Lab	