

U19000010681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

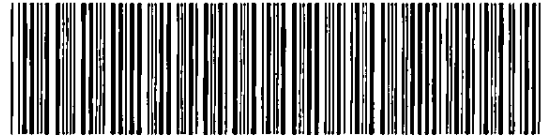
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19 OCT -A PM 3:22

FILED
2019 OCT -9 PM 4:11
CLERK OF COURT
CLERK OF COURT
CLERK OF COURT

COVER LETTER

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

SUBJECT: Wild Oceans, Inc.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	\$78.75
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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WILD OCEANS, INC.

Name (printed or typed)

~~850~~ P.O. Box 180721

Address

TALLAHASSEE, FL 32318

City, State & Zip

(727) 677-8127

Daytime Telephone Number

RKRAMER@WILDOCEANS.ORG

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

**NOT FOR PROFIT
CERTIFICATE OF DOMESTICATION**

The undersigned, ROB KRAMER, PRESIDENT
of WILD OCEANS, INC. a foreign Corporation
(Name) (Title)
(Corporation Name)

in accordance with section 617.1803, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was DECEMBER 13, 1973
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was NON-PROFIT
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was WILD OCEANS, INC.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 617.01201 and 617.0202 with this certificate is WILD OCEANS, INC.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was VIRGINIA
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 617.1803.

I am PRESIDENT, of WILD OCEANS, INC.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the _____ day of _____

Rob Kramer
(Authorized Signature)

Filing Fee:

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	\$78.75
Total to domesticate and file	\$128.75

FILED
2018 OCT -9 PM 4:11
CLERK OF CIRCUIT COURT
IN FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be:

WILD OCEANS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address shall be:

Principal Address

Mailing Address

850 CAPITAL WALK DR.

P.O. BOX 180721

APT. # 1303

TALLAHASSEE, FL 32318

TALLAHASSEE, FL 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized:

TO ENCOURAGE GENERALLY AMONG ALL
USERS OF THE OCEAN WATERS AND
SHORE AND COASTAL AREAS THE
ADOPTION AND PRACTICE OF SOUND
CONSERVATION MEASURES FOR THE
PROTECTION OF OCEANIC FISH AND
WILDLIFE AND THEIR MARINE
ENVIRONMENT.

FILED
2019 OCT -9 PM 4:11
TALLAHASSEE, FL

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

AS PROVIDED IN BY-LAWS

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

The name(s) and address(es) and specific title(s):

Title/Name

CHAIRMAN / TIM CHOATE
1390 S. DIXIE HWY #2221
CORAL GABLES, FL 33146

Title/Name

PRESIDENT / ROB KRAMER
850 CAPITAL WALK DR. #1303
TALLAHASSEE, FL 32303

Title/Name

Title/Name

VICE-CHAIRMAN / TIM ELYN
P.O. BOX 363
ONEKAMA, MI 49675

Title/Name

Title/Name

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2013 OCT -9 PM 4:11
CLERK OF SUPERIOR COURT
JANET M. HARRIS

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

MARK MAXWELL
111 N. CALHOUN ST. #6
TALAHASSEE, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

ROB KRAMER
P.O. BOX 180721
TALAHASSEE, FL 32318

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Rob Kramer
Signature/Registered Agent

10-9-2019
Date

Rob Kramer
Signature/Incorporator

10-9-2019
Date

FILED
2019 OCT -9 PM 4:11
CLERK OF COURT
TALAHASSEE, FL 32301