## P16000036116

(Requestor's Name)	
(Address)	40028325
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	03/16/160
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	ELECTIVE DATE SILV

Office Use Only



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)1018--008 \*∗78.75

MAR 2 2018

S. GILBERT

## **COVER LETTER**

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

SUBJECT:		Dive, Inc		
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:				
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status	
FROM: Anna Schmitz Name (Printed or typed)				
_	28 (	Thoctaw ddress	Shores Ct	
Miramar Bch, Fl. 32550 City, State & Zip				
850 - 259 - 9006  Daytime Telephone number				
ecs destina aol. com E-mail address: (lo be used for future annual report notification)				

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

**ARTICLES OF INCORPORATION**In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME The name of the corporation	on shall be: Je H	y Dive,	INC.		
ARTICLE II PRINCI	PAL OFFICE Principal street address		Mailing addres	s, if different is: PH - 14	
503 B Destin	Harbor Blvo	<del></del>	•	s, if different is: 14	
The purpose for which the	se corporation is organized is: _ live instrument	Retail so uction, re	eles, C eparro	harter scuba of scuba	-
ARTICLE IV SHARE. The number of shares of st					
ARTICLE V INITIAL	OFFICERS AND/OR DIREC	· .	_		
Name and Title:			#: P) S	, T Directo	1
Address _		, Shorasing t.	<del> </del>		
-	Mira Mar 3255	,	•		
Name and Title:_	Tom Sch	Mitz Name and Tit	ile: Dir	ector	
Address _	$\alpha \alpha =$	Address:			
-	Destin FL	32540			
Name and Title:_		Name and Tit			
Address	The state of the s	Address:			
-					
_			***		

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable	Nofthe positional grant in
O. a.a. Sahma	
,	
Address: 28 Choctaw S	<del>"</del>
- Miramar Beh	FI. 32556
<u>ARTICLE VII INCORPORATOR</u>	
The <u>name and address</u> of the Incorporator is:	1
Name: Anna Schmi	<u>+</u> Z
Address:	
	<del></del>
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:	15 2014
Effective date, if other than the date of filing: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
days after the filing.)	
Note: If the date inserted in this block does not meet the applical	
the document's effective date on the Department of State's record	ls.
Having been named as registered agent to accept service of proc	ess for the above stated corporation at the place designated in
this certificate, cam familiar with and accept the appointment as	registered agent and agree to act in this capacity
Y (Muholin)	03/15/16
Required Signature/Registered Agent	/ Date/
I submit this document and affirm that the facts stated herein a document to the Department of State constitutes a third degree fe	re true. I am aware that the false information submitted in a long as provided for in s.817.155. F.S.
V ( I A A A A A A A A A A A A A A A A A A	
Required Signature/Incorporator	03/15/16 Date