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Florida Department of State
Division of Corporations
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To:

Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
ocean world adventures inc

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

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

SUBJECT: Ocean World Adventures 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
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: SCOTT LOCKE
Name (Printed or typed)

77 HARBOR DR 44
Address

Key Biscayne FL 33149
City, State & Zip

305 487 1700
Daytime Telephone number

OCEANEXPLORE@miami@gmail.com
E-mail address: (to 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 shall be:

Ocean World Adventures INCARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

77 HARBOR DR 44KEY BISCAYNE FL 33149ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

~~TO PROVIDE RECREATION AND ENTERTAINMENT FOR THE RESIDENTS OF THE CITY OF MIAMI BEACH, FLORIDA~~
~~AND TO PROVIDE RECREATION AND ENTERTAINMENT FOR THE RESIDENTS OF THE CITY OF MIAMI BEACH, FLORIDA~~CHARTER DIVE BOATS
CHARTER BOATFILED
18 JAN 18 PM 3:06
CLERK OF COURT
MIAMI BEACH, FLORIDAARTICLE IV SHARES

The number of shares of stock is:

100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

SCOTT LOCKE CEO

Name and Title:

Address

77 HARBOR DR 44

Address:

KEY BISCAYNE FL 33149

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Scott Locke
 Address: 77 HARBOR DR 4Y
KEY BISCAYNE FL 33149

FILED
 18 JAN 18 PM 3:06
 DEPT. OF STATE
 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Scott Locke
 Address: 77 HARBOR DR 4Y
KEY BISCAYNE FL 33149

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/17/18 (OPTIONAL)
 (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent 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.

 Required Signature/Registered Agent

01/17/18
 Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

 Required Signature/Incorporator

01/17/18
 Date