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(Pa	questor's Name)	
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☐ ÞIÇK-UÞ	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	

Office Use Only



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FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243 Please use funds from the account: 120210000160: \$ 7(). Authorization Signature Marine Life Conservation Foundation ICC **Business Name** #Document Walk in ___ Will wait Certified Copy of Articles of Organization Certificate of Status **NEW FILINGS** <u>AMENDMENTS</u> __ Profit ____Amendment Not for Profit ____Resignation of Member/MGR ___ LLC ____ Change of Registered Agent Domestication ____ Revocation of Dissolution ✓ INC ___ Conversion ___ CORP ___Statement of Authority PLLC ____Merger DISSOLUTION OTHER FILINGS REGISTRATION/QUALIFICATIONS _TRANSMITTAL LETTER ___ Foreign Filing ___ Partnership ___Fictitious Name -___ Reinstatement Statement of CORRECTION ___ Statement of Authority __Withdraw of Authority to conduct business ____Domestication ___ APOSTIL COUNTRY Other

EXAMINER'S INITIALS:____

COVER LETTER

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

MARINE LIF	E CONSERVATION FOUND	ATION INC				
SUBJECT:	BJECT: (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
		1 Clara - mornion and	a check for :			
Enclosed is an original ar	nd one (1) copy of the Arti	cles of incorporation and	a check tor .			
≡ \$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:	me (Printed or typed) Address	_				
	Weston, FL 33327	,				

3053100315

e@ivy-cpa.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)

RTICLE II	PRINCIPAL OFFICE		
2800	Principal <u>street</u> address: Glades Cir STE 159, Weston, FL 333	Mailing address, if different is:	
he purpose fo	PURPOSE or which the corporation is organized rine life and habitats through science.	is:	
RTICLEIV	MANNER OF ELECTION The	e manner in which the directors are elected and appointed:	:: :
IRTICLE IV	MANNER OF ELECTION The	e manner in which the directors are elected and appointed:	100 mm
	MANNER OF ELECTION The	e manner in which the directors are elected and appointed:	
RTICLE V	INITIAL OFFICERS AND/OR Di E. Liu, Dekui (President)	e manner in which the directors are elected and appointed:	; =
RTICLE V	Liu, Dekui (President) e: 2800 Glodes Cir STE 159	e manner in which the directors are elected and appointed:	
RTICLE V Same and Titl Address	Liu, Dekui (President) e: 2800 Glades Cir STE 159 Weston, FL 33327	Prinanner in which the directors are elected and appointed: **IRECTORS** Name and Title:** Name and Title	-
ARTICLE IV Name and Titl Address Name and Titl	Liu, Dekui (President) e: 2800 Glades Cir STE 159 Weston, FL 33327	Name and Title: Name and Title: Address: Address:	-
RTICLE V Same and Titl Address Same and Titl	Eliu, Dekui (President) e: 2800 Glades Cir STE 159 Weston, FL 33327	Name and Title: Name and Title: Address: Address:	

Name and Title:		Name and Title:	
Address _		Address:	
-			
Name and Title:		Name and Title:	
Name and The.			
Address _		Address:	
-			
ARTICLE VI The name and F	<u>REGISTERED AGENT</u> Torida street address (P.O. Box NOT ac	cceptable) of the registered agent is:	
Name:	Dekui Liu		
Address:	2800 Glades Cir STE 159		
	Weston, FL 33327		
	INCORPORATOR Iddress of the Incorporator is:		
Name:			
Address:	2800 Galdes Cir STE 159		. •
	Weston, FL 33327	,	r) <u>+</u>
ARTICLE VIII	EFFECTIVE DATE:		
Effective date i	f other than the date of filing: date is listed, the date must be specific	c and cannot be more than five days	L)prior or 90 days after the filing.)
Note: If the dat	e inserted in this block does not meet the ective date on the Department of State's	e applicable statutory filing requirement	
Having been no certificate, I am	nmed as registered agent to accept serv familiar with and accept the appointmen	ice of process for the above stated con nt as registered agent and agree to act i	n this capacity
	Dekni In		5/27/2025 Date
	Required Signature of Registe		
I submit this doc the Department	cument and affirm that the facts stated h of State constitutes a third degree felony	erein are true. I am aware that any fals as provided for in s.817.155, F.S.	e information submitted in a document t
	Dekin Lin		5/27/2025 Date
	Required Signature of Ir	corporator	Date