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(850) 656- 4724 3458 lakesore Drive

Tallahassee, FL 32312

02/24/2025

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		Acc#I20160000072	and the second		
Name:	Deep See, Inc.				
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Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:					
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Thank you!

COVER LETTER

		ration Section on of Corpor						
SUBJEC	CT:	Deep See, Inc	3 .					
			Name	of corporati	on - mu	st include suffix		
Dear Sir	or Ma	dam:						
"Certifica	ate of	Existence,"		of Good St	anding`	orization to Transac and check are sub Florida.		
Please rea	turn a	ll correspon	dence concern	ing this matt	er to th	e following:		
Charlotte	Richa	rd						
			•	Name o	f Perso	n		
Aqualung	g Corp	orate						
			•	Firm/Co	mpany			
300 Rue o	du Val	lon, Les Vais	seaux - Bâtimer	nt C				
		_		Ado	iress			
06560 Va	albonn	e - Sophia An	tipolis, France					
		- -	-	City/State	and Zi	p code		
crichard@	gaqual	ung.com						
			E-mail address	s: (to be use	l for fu	ture annual report n	otific	ation)
For furthe	er info	ormation cor	ncerning this n	natter, pleaso	call:			
Charlotte	Richa	rd		at () 6	18073320		
Ī	Name	of Person		Area Co	ode	Daytime Telepl	none i	Number
R D T 2	Regist Division The Co 2415 N	ration Section on of Corpor entre of Tall	ations ahassee treet, Suite 810			MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ectioi orpora 7	n ations
	ke che	ck payable to	following amo: FLORIDA D 3 \$78.75 Filin Certificate of	EPARTMEN 1g Fee &	□ \$78	STATE .75 Filing Fee & rtified Copy	×	\$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	orporation: must include "INCORPORATED orp." "Inc." "Co." or "Corp.")	o," "COMPAN	Y." "CORPORATION,"		
·	ible in Florida, enter alternate corporate name	e adopted for th	te purpose of transacting bus	siness in Florida)	
Washington	3	·			
(State or country under the law of which it is incorporated)			(FEI number, if applicable)		
07/03/1989	5				
(Date of incorporation)			(Date of duration, if other than perpetual)		
	04/01/2024				
	(Date first transacted business (SEE SECTIONS 607.1501 & 607.	in Florida, if pa 1502, F.S., to d	rior to registration) etermine penalty liability)		
8880 NW 20th St	reet, Suite J, Miami, Florida 33172 (Principal of	fice <u>street</u> add	ress)		
	(Current mail	ing address, if o	different)		
Name and stree	et address of Florida registered agent: (P.	O. Box NOT	_acceptable)	25 25	
Name:	C T Corporation System			FEG.	
office Address:	1200 South Pine Island Road			89 E	
	Plantation	FL	33324		
	(City)	 •	(Zip code)	AM 10: 08	

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: Rachel Boyd Assistant Secretary

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS	. • • •			
■Chairman	Name: Michel Abaza	□Chairman	Name: Nic	colas Poulain
□Vice Chairman	300 Rue du Vallon, Les Vaisseaux Address:	□Vice Chairman	Address: _	300 Rue du Vallon, Les Vaisseaux
□Director	Bâtiment C, 06560 Valbonne - France	□Director	Bâtiment	C, 06560 Valbonne - France
■ President		□President		
□Vice President		■Vice President		
□Secretary	□Treasurer	⊠ Secretary		■ Treasurer
Other	Other	□Other		Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address: _	
□Director	<u> </u>	□Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	□Secretary		□Treasurer
□Other	□ Other	□Other		Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address: _	
□Director		Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	□Secretary		□Treasurer
□Other	Other	□Other		□Other
individuals may be	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Departmen	it of State Annual Re	eport form.	
12.	Signature of Director or	· Officer	-	
The officer or dire	ctor signing this document (and who is listed in number alse information submitted in a document to the Departr	11 above) affirms th	at the facts s	stated herein are true and that he or



Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

DEEP SEE, INC.

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 07/03/1989.

1 FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 02/19/2025 UBI Number: 601 188 692

LR Hobbie



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Steve R. Hobbs, Secretary of State

Date Issued: 02/19/2025