

P96000021146

**CAPITAL CONNECTION, INC.**

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870  
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302  
TOLL FREE No. 1-800-342-8062  
FAX (904) 222-1222

NAME \_\_\_\_\_  
FIRM \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE ( ) \_\_\_\_\_

Service: Top Priority \_\_\_\_\_ Regular \_\_\_\_\_  
One Day Service Two Day Service

To us via \_\_\_\_\_ Return via \_\_\_\_\_

Matlor No.: \_\_\_\_\_ Express Mail No. \_\_\_\_\_

State Fee \$ \_\_\_\_\_ Our \$ \_\_\_\_\_

RE: Complete Title Files  
9-Liter Affs. 96 MAR -7 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

☐ Capital Express™  
☒ Art. of Inc. File \_\_\_\_\_  
☐ Corp. Record Search \_\_\_\_\_  
☐ Ltd. Partnership File \_\_\_\_\_  
☐ Foreign Corp. File \_\_\_\_\_  
☒ ( ) Cert. Copy(s) \_\_\_\_\_

☐ Art. of Amend. File \_\_\_\_\_  
☐ Dissolution/Withdrawal \_\_\_\_\_  
☐ C U S. \_\_\_\_\_  
☐ Fictitious Name File \_\_\_\_\_

☐ Name Reservation \_\_\_\_\_  
☐ Annual Report/Reinstatement \_\_\_\_\_  
☐ Reg. Agent Service \_\_\_\_\_  
☐ Document Filing \_\_\_\_\_

☐ Corporate Kit \_\_\_\_\_  
☐ Vehicle Search \_\_\_\_\_  
☐ Driving Record \_\_\_\_\_  
☐ Document Retrieval \_\_\_\_\_

☐ UCC 1 or 3 File \_\_\_\_\_  
☐ UCC 11 Search \_\_\_\_\_  
☐ UCC 11 Retrieval \_\_\_\_\_  
☐ File No.'s \_\_\_\_\_ Copies \_\_\_\_\_  
☐ Courier Service \_\_\_\_\_  
☐ Shipping/Handling \_\_\_\_\_  
☐ Phone ( ) \_\_\_\_\_  
☐ Top Priority \_\_\_\_\_  
☐ Express Mail Prep. \_\_\_\_\_  
☐ FAX ( ) \_\_\_\_\_ pgs.

SUBTOTALS \_\_\_\_\_

FEE.....  
DISBURSED.....  
SURCHARGE.....  
TAX on corporate supplies..... \$  
SUBTOTAL..... \$  
PREPAID..... \$  
BALANCE DUE..... \$

REQUEST TAKEN CONFIRMED APPROVED  
DATE 3/1/96  
TIME 1:00 CK No. \_\_\_\_\_  
BY CD

WALK-IN  
Will Pick Up \_\_\_\_\_

Please remit invoice number with payment  
TERMS: NET 10 DAYS FROM INVOICE DATE  
1 1/2% per month on Past Due Amounts

THANK YOU  
from

**FILED**

**ARTICLES OF INCORPORATION**

96 MAR -7 PM 3:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**OF**

**Complete Inflatables & Liferrafts, Inc.**

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

**ARTICLE I: NAME**

The name of the corporation is **Complete Inflatables & Liferrafts, Inc.**

**ARTICLE II: PRINCIPAL OFFICE**

The principal place of business and mailing address of the corporation is 13584 North 49th Street, Suite J, Clearwater, Florida 34622.

**ARTICLE III: CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one thousand (1,000) shares having a par value of (\$1.00) per share.

#### **ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is Antonio Duarte, III, 11959 North Florida Avenue, Tampa, Florida 33612.

#### **ARTICLE V: INCORPORATOR**

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

#### **ARTICLE VI: INITIAL BOARD OF DIRECTORS**

The name and address of each member of the initial Board of Directors of the corporation is

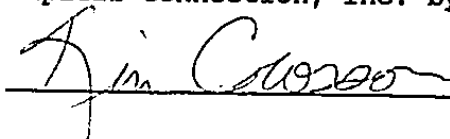
Yusri Jadallah, 13584 North 49th Street, Suite J, Clearwater, Florida 34622.

Natalie L. D'Angelo, 10203 Valle Drive, Tampa, Florida 33612.

Elvin W. D'Angelo, 10203 Valle Drive, Tampa, Florida 33612.

The undersigned has executed these Articles of Incorporation this 7th day of March 1996.

"Capital Connection, Inc. by Kim Crosson, Office Manager"

  
\_\_\_\_\_

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96 MAR -7 PM 3:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CERTIFICATE OF ACCEPTANCE OF REGISTERED AGENT

Pursuant to Chapter 48.091, Florida Statutes, the following is submitted:

Complete Inflatables & Liferrafts, Inc.

desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Incorporation has named Antonio Duarte, III, located at 11959 North Florida Avenue; Tampa, Florida 33612, as its agent of accept service of process within the is state.

ACKNOWLEDGMENT:

Having been named as Registered Agent to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and to comply with the provisions of said Act.

  
Antonio Duarte, III

P96 0000 21146



**BONANNI  
SHIP SUPPLY  
INC.**

107 N 11TH STREET • P.O. DRAWN 3208 • TAMPA, FLORIDA 33601

Office Use Only

C. \_\_\_\_\_ & DOCUMENT NUMBER(S), (if known):

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

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-01/08/97--01072--003  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

- ☐ Walk in    ☐ Pick up time \_\_\_\_\_    ☐ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

| NEW FILINGS              |                   |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit            |
| <input type="checkbox"/> | Nonprofit         |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication     |
| <input type="checkbox"/> | Other             |

| AMENDMENTS                          |                                        |
|-------------------------------------|----------------------------------------|
| <input type="checkbox"/>            | Amendment                              |
| <input checked="" type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/>            | Change of Registered Agent             |
| <input type="checkbox"/>            | Dissolution/Withdrawal                 |
| <input type="checkbox"/>            | Merger                                 |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS

96 DEC 30 PM 2:10

JAN 2 1997

RECEIVED

96 DEC 30 AM 11:47  
DIVISION OF CORPORATIONS

Yursi Jadallah  
730 NW Blvd. North  
St. Petersburg, Florida 33702

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 DEC 30 PM 2:10

Florida Department of State  
Division Corporation

RE: Complete Inflatable Liferafts Inc.

Dear Sir or Madam,

This letter is to inform you that I have resigned from the above mentioned company. Therefore as president, please remove my name as a officer and director of Complete Inflatable Liferafts Inc.

Sincerely,  
  
Yursi Jadallah