## F01000006587

FILINGS, INC. TERESA ROMAN

(Requestor's Name)

805 LITTLE DEAL ROAD		·
(Address) ALLAHASSEE, FLORIDA 32308	385-6735	OFFICE USE ONLY
(City, State, Zip)	(Phone #)	
		- TO (C) (C) - TO (C)
ORPORATION NAME	(S) & DOCUMENT NUM	BER(S) (if known): 00004737715-01613-016
		,
Comporation	Name)	(Document #)
n		
(Corporation	Name)	(Document #) W61-29269
3(Corporation	Name)	(Document #)
4.		(Document #)
(Corporato	n Name)	Certified Copy
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□ v i out □ W	ill wait Photocopy	Certificate of Status
Mail out W		
NEW FILINGS	AMENDMENTS	AHASSEE, FL
Profit	Amendment	SSEE, SSEE,
NonProfit	Resignation of R.A., Office	cer/Director
Limited Liability	Change of Registered Ag	ent FORDA 49
Domestication	Dissolution/Withdrawal	_ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
Other	Merger	
Outer	and the state of t	
OTHER FILINGS	REGISTRATION/ QUALIFICATION	PENTARION OF CORPORATE OF STANS
Annual Report	Foreign	
Fictitious Name	Limited Partnership	01 DEC 26 AM 8:27
Name Reservation	Reinstatement	BECEINED

Trademark

Other

CR2E031(10/92)

Examiner's Initials



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

December 26, 2001

FILINGS, INC.

SUBJECT: MARINE POWER SERVICES, INC.

Ref. Number: W01000029269

We have received your document for MARINE POWER SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The entity's date of incorporation/organization must be listed in the document.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

A brief description of the entity's nature of business must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers Document Specialist

Letter Number: 201A00066970

RECEIVE

## \*APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	rine Power Servic	\$	BUSINESS IN THE STATE OF FLORIDA.
. Mai	ine Power Servic	ce, Inc.	TED", "COMPANY", "CORPORATION" or
words or abbrevi	auons of like import in langi	rage as will clea	my minicate tract it is a corporation miscard of a
natural person or	partnership if not so contain	ed in the name a	ut present.)
			7
Nev	v Jersey	in reconstant)	3. 22-3564373 (FEI number, if applicable)
2/2/	98	5	Penpetual  Ouration: Year corp. will cease to exist or "perpetual")
(Date	e of incorporation)	ξĽ	Auration: Year corp. will cease to exist or "perpetual"
Upo	on Qualification		
(Date first transac	ted business in Florida. If c	orporation has n	of transacted business in Florida, insert "upon qualification.") 1, 607.1502 and 817.155, F.S.)
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. 2450	50 Industrial Roa	ad, Farmir	ngdale New Jersey 07727
Sar	(Pri me as above	incipal office ad	dress)
<b>b.</b>		-	
,	(Cu	rrent mailing ad	dress)
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- Buying, Se	lling& Exchangin	g of Mari	nepower Components.
Buying, Se (Purpose(s	Aling & Exchangin  a) of corporation authorized i	ag of Mari in home state or	nenower Components. country to be carried out in state of Florida)
(Purpose(s	i) of corporation authorized i	in home state or	nepower Components.  country to be carried out in state of Florida)  (P.O. Box or Mail Drop Box NOT acceptable)
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(Purpose(s  Name and <u>stre</u> Name:	et address of Florida reg	in home state or istered agent:	(P.O. Box or Mail Drop Box NOT acceptable)
(Purpose(s  Name and <u>stre</u> Name:	e) of corporation authorized in the second s	in home state or istered agent:	(P.O. Box or Mail Drop Box NOT acceptable)
(Purpose(s . Name and <u>stre</u> . Name:	et address of Florida reg  Andrew Alaimo  4701 Taylor:St:	in home state or istered agent:	(P.O. Box or Mail Drop Box NOT acceptable)
(Purpose(s  Name and <u>stre</u> Name:	et address of Florida reg  Andrew Alaimo  4701 Taylor:St:	in home state or istered agent:	(P.O. Box or Mail Drop Box NOT acceptable)
(Purpose(s Name and stree Name: Office Address: _	et address of Florida reg Andrew Alaimo 4701 Taylor St. Hollywood FL	in home state or istered agent:	(P.O. Box or Mail Drop Box NOT acceptable)
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(Purposcis Name and stre Name: Name: Office Address: O. Registered application, omply with the pro-	et address of Florida reg  Andrew Alaimo  4701 Taylor St.  Hollywood FL  gent's acceptance:  d as registered agent and to I hereby accept the appoint ovisions of all statutes relati	in home state of istered agent: reet accept service of the proper	(P.O. Box or Mail Drop Box NOT acceptable)
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11. 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.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: \_\_\_Andrew Alaimo 4701 Taylor Street Address: Hollywood FL Vice Chairman: Charlene Alaimo Address: 4701 Taylor Street Hollywood FL 33021 Director: Address: Director: \_\_\_ Address: B. OFFICERS President: Andrew Alaimo Address: 4701 Taylor Street Hollywood FL 33021 Vice President: Charlene Alaimo Address: 4701 Taylor Street Hollywood FL 33021 Secretary: Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Neure no Indrew 14. \_\_\_\_

(Typed or printed name and capacity of person signing application)



