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

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Subject:		Bluewater Marine 1	owing & Salvage, Inc.	海 迪3	**122.50	*****78.75
-	(Proposed corporate name -must include suffix)					ুখ হ তুলভুল [া] হলে:
Enclosed is	s an original a	nd one (1) copy of the	e articles of incorporation a	and a check for:		
		\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate			• .
	X Filing Fee & Certified Copy	\$122.50	Filing Fee Certified Copy &Certificate	\$131.25	<i>y</i>	್ ಪ್ರಾಪಾರ್ಡಿಯ ಕ್ಷೇಟ್
	Additional	copy required		· · · · · · · · · · · · · · · · · · ·	· · ·	
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FROM:	Richard D. Bell			· · · · · · · ·	<u> </u>	
	Name (printed or typed)				1 T	
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		Address	S			A 27
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		City/Sta	te/Zip		: . : . 3 _ 	
		(904) 471-7200				
		Daytime	Telephone number		* **, * ** Til	
						-

Note: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 26, 2000

RICHARD D. BELL 1750 HWY A1A SOUTH STE D ST AUGUSTINE, FL 32084

SUBJECT: BLUEWATER MARINE TOWING & SALVAGE, INC.

Ref. Number: W00000002159

We have received your document for BLUEWATER MARINE TOWING & SALVAGE, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent and street address must be consistent wherever it appears in your document.

Please return the original and one copy of 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) 487-6928.

Letter Number: 300A00003606

Tim Burch Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s)

The following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Bluewater Marine Towing & Salvage, Inc.

35.036.148. of 51.416. TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principle place of business and mailing address of this corporation shall be:

Mailing:

1093 A1A Beach Blvd.

Box 241

St. Augustine, FL 32084

Physical:

256 Riberia St.

St. Augustine, FL 32084

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

William L. Scheffey 256 Riberia St. St. Augustine, FL 32084

ARTICLE V. INCORPORATORS

The name and street address of the incorporator to these Articles of Incorporation:

> Donovan & Bell CPA's PA 1750 A1A South, Ste D St Augustine, FL 32084

ARTICLE VI. OFFICERS

The name and addresses of the initial officers of the corporation who shall hold office for the first year of the corporation, or until their successors are elected or appointed are:

President:

Vice Pres:

Doris O. Scheffey

1093 A1A Beach Blvd.

Box 241

St. Augustine, FL 32084

William L. Scheffey

256 Riberia St.

St. Augustine, FL 32084

The Undersigned Incorporator(s) has (have) executed these Articles of Incorporation this

day of

Sec/Treas:

Gerald L. Monrow

Box 241

1093 A1A Beach Blvd.

St. Augustine, FL 32084

Vonovenz BellCPASPA

(An additional article must be added if an effective date is requested)

Notarization is not required

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1.	The name of the Corporation is:	್≎ ೧	
	Bluewater Marine Towing & Salvage, Inc.	FIGURE OF EB	
2.	The name and address of the registered agent and office is:	1885 3	sincy to
	William L. Scheffey (Name)		.7
	256 Riberia St. (P.O. Box NOT acceptable)): 27 IATE ORIDA	
	St. Augustine, FL 32084 (City/State/Zip)		

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature

1/12/ 2000

Date

REGISTERED AGENT FILING FEE: \$35.00