

PR000024535

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

FILED  
00 MAR -9 PM 2:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. PROFESSIONAL MARINE WORKS INC -  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

RECEIVED  
00 MAR -9 AM 11:12  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input checked="" 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 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/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

200003163722--4  
-03/09/00--01063--006  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Examiner's Initials

ARTICLES OF INCORPORATION  
OF

PROFESSIONAL MARINE WORKS INC.

FILED  
00 MAR -9 PM 2:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

PROFESSIONAL MARINE WORK INC.

**ARTICLE II: PRINCIPAL OFFICE**

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

8454 NW 58<sup>th</sup> ST MIAMI FL. 33166

**ARTICLE III: CAPITAL STOCK**

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

100 SHARES OF \$5.00 EACH (\$500.00)

**ARTICLE IV: INITIAL REGISTERED AGENT & ADDRESS**

The name and address of the initial registered agent is:

PEDRO GONZALEZ 320 NW 72<sup>nd</sup> AVE MIAMI FL. 33142

**ARTICLE V: INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

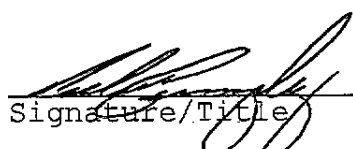
PEDRO GONZALEZ 320 NW 72<sup>nd</sup> AVE MIAMI FL. 33142

ARTICLE VI: DIRECTOR(S)

The name(s) of the director (s) in this corporation is (are):

PEDRO GONZALEZ - PRESIDENT-D  
320 NW 72<sup>nd</sup> AVE MIAMI FL. 33142

The undersigned has (have) executed these Articles of Incorporation  
this 8 Days of March, 2000.

  
\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, 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:\_\_\_\_\_

PROFESSIONAL MARINE WORKS INC.

2. The name and address of the registered agents and office is:\_\_\_\_\_

PEDRO GONZALEZ  
320 NW 72<sup>nd</sup> AVE  
MIAMI FL. 33142

SIGNED: \_\_\_\_\_

(Corporate Officer)

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

FILED  
MAR -9 PM 2:24  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE

HAVING BEEN NAMED 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 I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

REGISTERED AGENT FILING FEE: \$20.00