

TRANSMITTAL LETTER

P000000082628

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

FILED  
00 AUG 28 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: MARINE STORAGE SYSTEMS INC

Enclosed is an original and one (1) copy of the articles of incorporation and a check **700003375247--1**  
08/28/00--01119--019  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

☐ \$70.00 Filing Fee  
☐ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy  
☒ \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: EDWARD S VITOULIS  
726 NW 84<sup>th</sup> LANE  
CORAL SPRINGS FL 33071-7126  
954-281-2047

NOTE Please provide the original and one copy of the articles.  
ARTICLES OF INCORPORATION

8.31

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 shall be: MARINE STORAGE SYSTEMS INC

ARTICLE II PRINCIPLE OFFICE

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

4994 N CITATION DRIVE  
SUITE 202  
DELRAY BEACH FL 33445

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:  
1,000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS


The name and Florida street address of the initial registered agent are:

EDWARD S. VITOULIS  
726 N.W. 84<sup>th</sup> Lane  
Coral Springs Florida 33071-7126

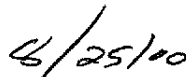
ARTICLE V INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation are:

LAURA BLANKENSHIP  
4994 N CITATION DRIVE  
SUITE 202  
DELRAY BEACH FL 33445

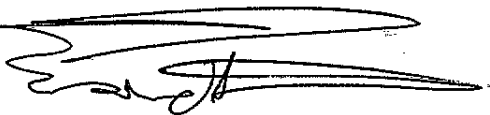


Signature/Incorporator



Date

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/Registered Agent



Date

FILED  
00 AUG 28 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA