## TRANSMITTAL LETTER

## P00000114579

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

500003495485---4 -12/11/00--01129--006 \*\*\*\*\*\*70.00 \*\*\*\*\*\*70.00

SUBJECT:	NAPLES	DIVERS	INC.
	(PROPOSED CORPORA	TE NAME - MUST INCLUI	E SUFFIX)

Enclosed is an origina	al and one(1) copy of the article	es of incorporation and a	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status  PY REQUIRED
FROM:	Name (Pr 8805 TAM)	inted or typed)  AMI TRAIL N  ddress	ORTH, STE. 128
	NAPLES, F Lity, S (941) 948		OO DEC 11 AM 9: SECRETARY OF STATE TALLAHASSEE, FLORID

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

## ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: NAPLES DIVERS, INC. <u>ARTICLE II</u> PRINCIPAL OFFICE The principal place of business/mailing address is: NAPLES DIVERS, INC. 8805 TAMIAMI TRAIL NORTH, STE. 128 NAPLES, FLORIDA 34108 ARTICLE III The purpose for which the corporation is organized is: Specific Purpose for a Professional Corporation for Diving Services. SHARES The number of shares of stock is: 1,500 SHARES OF STOCE INITIAL OFFICERS DIRECTORS (optional) The name(s) and address(es): ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: SCOT A. JONES 4714 SWORDFISH STREET BONITA SPRINGS, FL 34134 ARTICLE VII *INCORPORATOR* SCOT A. JONES The name and address of the Incorporator is: 4714 SWORDFISH STREET BONITA SPRINGS, FL 34134 \* Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity,