

TRANSMITTAL LETTER

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

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-02/14/01--01044--007
*****78.75 *****78.75

SUBJECT: TRAPP MARINE CONSULTING & SURVEYS, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: PADGETT BUSINESS SERVICES
Name (Printed or typed)

10525 99th ST. N.
Address

Largo, FL 33773
City, State & Zip

(727) 398-0809
Daytime Telephone number

FILED
01 FEB 14 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

T. Burch FEB 15 2001

ARTICLES OF INCORPORATION

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:

TRAPP MARINE CONSULTING & SURVEYS, INC.

ARTICLE II PRINCIPAL OFFICE

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

P.O. BOX 1667
OLDSMAR, FL 34677-1667

ARTICLE III SHARES

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

10,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

WILLIAM R. TRAPP
273 COUNTRYSIDE KEY BLVD.
OLDSMAR, FL 34677

ARTICLE V INCORPORATOR

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

WILLIAM R. TRAPP
273 COUNTRYSIDE KEY BLVD.
OLDSMAR, FL 34677


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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA