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

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-05/13/02--01078--005
*****87.50 *****87.50

SUBJECT: ATL BOATLIFTS, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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

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

FROM: JOHN M. LEO
Name (Printed or typed)

112 STROMBOLI DRIVE
Address

ISLAMORADA FL 33036
City, State & Zip

305-664-8090
Daytime Telephone number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAY 13 PM 3:52

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

5-55-02
400

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:

ATL BOATLIFTS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

112 STROMBOLI DRIVE
ISLAMORADA FL 33036

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

BOATLIFT SALES

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

THERESA A. LEO - PRESIDENT
JOHN M. LEO - VICE PRESIDENT

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

JOHN LEO
112 STROMBOLI DRIVE
ISLAMORADA FL 33036

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOHN LEO
112 STROMBOLI DRIVE
ISLAMORADA FL 33036

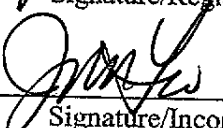
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

5/9/02

Date



Signature/Incorporator

5/9/02

Date

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