P 0 2 0000 80570

JOHN PORTER ACCOUNTING 400 S. FEDERAL HWY., #405 BOYNTON BEACH, FL 33435	
Caty/Stan. L.	Office Use Only
CORPORATION NAME(S) & DOO	CUMENT NUMBER(S), (if known):
1. (Corporation Name)	(Document#) 500006520016
2. (Corporation Name)	*****157.00 ******78.50 (Document #)
3(Corporation Name)	(Document #)
4. (Corporation Name) Walk in Pick up time	(Document #)
☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	Certified Copy Photocopy Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other

CR2E031(7/97)

Examiner's Initials

JOHN PORTER ACCOUNTING, INC. 400 SOUTH FEDERAL HWY STE 405 BOYNTON BEACH,FL. 33435 (561) 752 - 5994 TELEPHONE (561) 752 - 5995 FAXPHONE

JULY 08, 2002

ARTICLES OF INCORPORATION COMPLIANCE WITH CHAPTER 607 AND/OR CHAPTER 621, F.S. (PROFIT)

ARTICLE I NAME
THE NAME OF THE CORPORATION SHALL BE:

EGYPTIAN/AMERICAN MARINE POWER, INC.

ARTICLE II PRINCIPLE OFFICE
THE PRINCIPLE PLACE OF BUSINESS/MAILING ADDRESS IS:

633 NE 6TH AVE BOYNTON BEACH, FL. 33435

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED IS:

CONDUCT BUSINESS

ARTICLE IV SHARES
THE NUMBER OF SHARES OF STOCK IS:

ONE HUNDRED (100)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS/DIRECTORS THE NAME(S) AND ADDRESS(ES):

M. MALEK ELNAGGAR 633 NE 6TH AVE BOYNTON BEACH, FL. 33435

ARTICLE VI REGISTERED AGENT

THE NAME AND FLORIDA ADDRESS OF THE REGISTERED AGENT IS:

JOHN PORTER ACCOUNTING, INC. 400 S. FEDERAL HWY. STE. 405 BOYNTON BEACH,FL.33435

ARTICLE VII INCORPORATOR THE NAME AND ADDRESS OF THE INCORPORATOR IS:

M. MALEK ELNAGGAR 633 NE 6TH AVE BOYNTON BEACH, FL. 33435

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

ATURE INCORPORATOR

07/08/ Date

DATE

02 JUL 24 AM 8

SECRETARY OF STATE
TALLAHASSEE, FLORIDA