# 783000102365

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
(,					
Certified Copies Certificates of Status					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
	İ				
	1				

Office Use Only



600022817356

09/15/03--01033--001

\*\*70.00

CARLES TARY OF STATE OF CORPORATIONS



# TRANSMITTAL LETTER

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

SUBJECT: LAST CAST MARINE SERVICES, INC.					
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)					
Enclosed are an orig	ginal and one (1) copy of the artic	les of incorporation and	a check for:		
<b>2</b> \$70,00	<b>□</b> \$78.75	<b>3</b> \$78.75	<b>□</b> \$87.50		
Filing Fee					
rining ree	Filing Fee & Certificate of Status	Filing Fee	Filing Fee,		
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of		
			Status		
		ADDITIONAL CO			
		ADDITIONAL CO	or i keQuikeb		
FROM:	THOMAS J. LYONS		. <u> </u>		
Name (Printed or typed)					
	5135 N. US 1		ent but		
Address					
	VERO BEACH, FL. 32960				
City, State & Zip					
	772 473-0302				
Daytime Telephone number					

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: LAST CAST MARINE SERVICES, INC. ECRETARY OF STATE OLVISION OF CORPORATIONS

03 SEP 15 AM11: 29

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 5135 N. US 1 VERO BEACH, FL. 32960

### ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

**BUSINESS OPERATIONS** 

Purpose for a Professional Corporation "

# ARTICLE IV

The number of shares of stock is:

500

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

### ARTICLE VI REGISTERED AGENT

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

**ELAINE JONES** 5135 N US 1 VERO BEACH, FL. 32960

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

THOMAS J. LYONS 1125 42ND CT. VERO BEACH, FL. 32960

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

Signature/Incorporator