# P04000109246

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



400037926824

06/17/04--01022--006 \*\*87.50



Office Use Only

-147/21/W

10011 AZIO

# TRANSMITTAL LETTER

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

SUBJECT: INDEPE	ENDENT DIVERS INC		
	(PROPOSED CORPORA	TE NAME – MUST INCL	UDBSUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status
FROM: RY	AN IACONA		
	Name	(Printed or typed)	
	1331 SE BUCKINGHAM TERRA	CE	
		Address	
	PORT ST LUCIE, FLORIDA 349		
	City	, State & Zip	<del></del>
		37-0435 HOME	·

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



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 17, 2004

RYAN IACONA 1331 SE BUCKINGHAM TER PORT ST LUCIE, FL 34952

SUBJECT: INDEPENDINT DIVERS INC.

Ref. Number: W04000023499

We have received your document for INDEPENDINT DIVERS INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the spelling of your corporate name(independent or independint).

Please list in Article VII the name and address of the incorporator.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Letter Number: 204A00040605

Tammy Hampton Document Specialist New Filings Section 04 JUL 26 MH 8: 48

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

#### 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:

INDEPENDENT DIVERS INC

TALLAMASSILL CONTRA

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 1331 SE BUCKINGHAM TERRACE PORT ST. LUCIE, FLORIDA 34952

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: MARINE SALVAGE

#### ARTICLE IV SHARES

The number of shares of stock is: 100

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): RYAN IACONA, PRESIDENT 1331 SE BUCKINHAM TERRACE PORT ST. LUCIE, FLORIA 34952

### ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: RYAN IACONA 1331 SE BUCKINGHAM TERRACE PORT ST. LUCIE, FLORIDA 34952

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

RYAN IACONA
1331 SE BUCKING HAM TER

Portst Lucie FL 34952

**************************************	above stated corporation at the place designated in this
	6/10/2004
Signature/Registered Agent	Date
	R/10/2004

Signature/Incorporator

Date