

P04000113422

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

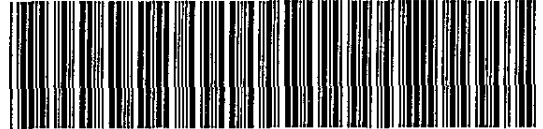
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

8/3/04

TRANSMITTAL LETTER

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

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DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

SUBJECT: MIDNIGHT DIVERS 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: MIDNIGHT DIVERS INC.
Name (Printed or typed)

1168 HARRIS DR.
Address

SEBASTIAN FL 32958
City, State & Zip

772-589-1005
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:

MIDNIGHT Divers INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

168 Harris DR.
SEBASTIAN FL 32958

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MARINE SALVAGE
ONE-(100%)

ARTICLE IV SHARES

The number of shares of stock is:

ONE-(100%)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

FRANK FUNGONE
MIDNIGHT Divers, President

168 Harris DR.
SEBASTIAN FL 32958

ARTICLE VI REGISTERED AGENT

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

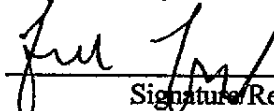
MIDNIGHT Divers/FRANK FUNGONE
168 Harris DR. SEBASTIAN FL
32958

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

FRANK FUNGONE
MIDNIGHT
168 Harris DR. SEBASTIAN FL 32958

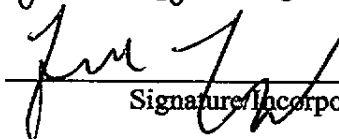
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

07-30-2004

Date



Signature/Incorporator

07-30-2004

Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA