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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Pusings Extity Name)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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05 SEP 22 AHII: 38 SECALIAN OF STATE

9/23/05 BUK

COVER LETTER

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

SUBJECT:	SEAFABER MA	RINE MANAGEM	ENT INC.
Enclosed are an orig	(PROPOSED CORPORA'	TE NAME - MUST INCL	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	KATHRYN M FE 207 SAPPHIRE	(Printed or typed)	
	386-423	State & Zip I -8682 elephone number	32169

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	FILED
The name of the corporation shall be:	05 SEP 22 AM 11: 38
SEAFAKER MARINE MANAGEMENT, INC	SECRETARY OF STATE
ARTICLE II PRINCIPAL OFFICE	TALLAHASSEE, FLORIDA
The principal place of business/mailing address is:	
20) SAPPHIRE RD NEW SMYRNA BCH, FC 32169	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
MANAGE A 42 BORTSLIP.	• •
ARTICLE IV SHARES The number of shares of stock is: KATHRYN M. FEWDT GO ShareS	
DOUGLAS D. FEINDT 40 STATES	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List name(s), address(es) and specific title(s):	
DRS. KATHRYN FEINDT - 201 SAPPHIRE RD, NSB FL 3216	,9
110. DOUGLAS FEINPT -209 SADDHIOL RD MISR FL 32169	
HILL DYLON D. FEINDT 9 SWAN PUR , NSB. FL 35169	
AGIN. DYLAN D. FEINPT 9 SWAN AVE, NSB, FL 32169 GINC ANDREW L. FEINPT, 207 SAPPHINE RD, NSB, FL 324 ARTICLE VI REGISTERED AGENT	6 9
ine name and Florida street address (P.O. Box NOT acceptable) of the registered	d agent is:
KATHRYN M FEINDT	
20) SAPPHINE RD	
NEW SMYRNA BAR, IT 32169 ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	-
KOTHRYN M FEINDT	
207 SAPPHINE RD	
NEW SHURNA BCH FG 32169	*******
Having been named as registered agent to accept service of process for the above stated corporal certificate, I am familiar with and accept the appointment as registered agent and agree to act in the	tion at the place designated in this is capacity
Kather m. tow	9/18/05
Signature/Registered Agent	Date /