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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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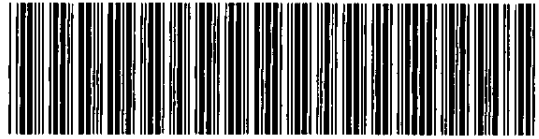
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Certificates of Status

1

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2/15/08

**COVER LETTER**

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

SUBJECT: J.C. Marine Contractors, 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: Chris Howard  
Name (Printed or typed)

159 Point Pleasant Dr  
Address

Palm Coast, FL 32164  
City, State & Zip

(386) 447-8003  
Daytime Telephone number

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

**ARTICLES OF INCORPORATION  
FOR**

**J.C. MARINE CONTRACTORS, INC.**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

**J.C. MARINE CONTRACTORS, INC.**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

PLACE OF BUSINESS:

159 POINT PLEASANT DR.

PAL COAST, FL 32164

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

THIS CORPORATION MAY ENGAGE OR TRANSACT IN ANY OR ALL LAWFUL ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES, THE STATE OF FLORIDA, OR ANY OTHER STATE, COUNTRY, TERRITORY OR NATION.

**ARTICLE IV SHARES**

The number of shares of stock is:

THE MAXIMUM NUMBER OF SHARES OF STOCK THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS 1000 SHARES OF COMMON STOCK HAVING A \$1.00 PAR VALUE.

**ARTICLE V INITIAL DIRECTORS (optional)**

The name(s), address (es) and title(s):

THIS CORPORATION SHALL HAVE NO DIRECTORS, INITIALLY. THE AFFAIRS OF THE CORPORATION WILL BE MANAGED BY THE SHAREHOLDERS UNTIL SUCH TIME DIRECTORS ARE DESIGNATED AS PROVIDED BY THE BYLAWS.

**ARTICLE VI INITIAL OFFICERS (optional)**

The name(s), address (es) and title(s):

CHRIS HOWARD

PRESIDENT

159 POINT PLEASANT DR.

PALM COAST, FL 32164

CHARLES MCCRANEY

VICE- PRESIDENT

1134 ROSEWOOD ST.

BUNNELL, FL 32110

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SECRETARY OF STATE

**ARTICLE VII REGISTERED AGENT**

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

CHRIS HOWARD  
PRESIDENT  
159 POINT PLEASANT DR.  
PALM COAST, FL 32164

**ARTICLE VIII INCORPORATOR**

The name and address of the Incorporator is:

CHRIS HOWARD  
PRESIDENT  
159 POINT PLEASANT DR.  
PALM COAST, FL 32164

**ARTICLE XI TERM OF EXISTENCE**

THIS CORPORATION IS TO EXIST PERPETUALLY.

**ARTICLE X PREEMPTIVE RIGHTS**

EVERY SHAREHOLDER UPON SALE FOR CASH OF ANY NEW STOCK OF THIS CORPORATION OF THE SAME KIND, CLASS, OR SERIES AS THAT WHICH HE ALREADY HOLDS, SHALL HAVE THE RIGHT TO PURCHASE HIS PRO RATA SHARE THEREOF AT THE PRICE AT WHICH IT IS OFFERED TO OTHERS.

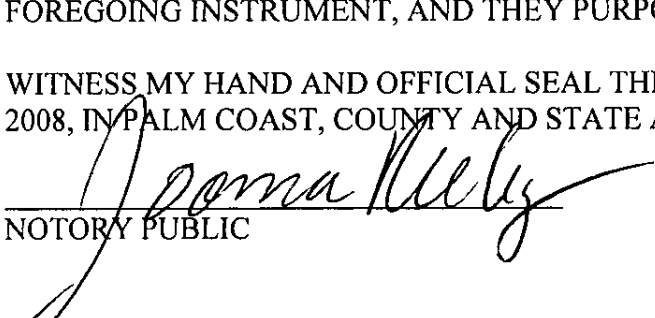
IN WITNESS WHEREOF, THE UNDERSIGNED SUBSCRIBERS HAVE EXECUTED THESE ARTICLES OF INCORPORATION ON THIS 24<sup>th</sup> DAY OF Jan 2008.

  
CHRIS HOWARD

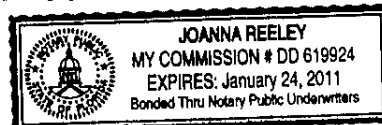
STATE OF FLORIDA  
COUNTY FLAGLER

BEFORE ME PERSONALLY APPEARED CHRIS HOWARD, TO ME WELL KNOWN AND KNOW TO ME TO BE THE INDIVIDUALS DESCRIBED IN AND WHO EXECUTED THE FOREGOING INSTRUMENT, AND THEY PURPOSE THEREIN EXPRESSED.

WITNESS MY HAND AND OFFICIAL SEAL THIS 24<sup>th</sup> DAY OF Jan 2008, IN PALM COAST, COUNTY AND STATE AFORESAID.

  
NOTARY PUBLIC

MY COMMISSION EXPIRES:



**ARTICLE VII REGISTERED AGENT**

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

CHRIS HOWARD  
PRESIDENT  
159 POINT PLEASANT DR.  
PALM COAST, FL 32164

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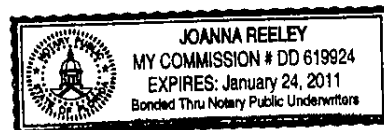
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NOTARY PUBLIC

MY COMMISSION EXPIRES:



**REGISTERED AGENT ACCEPTANCE**

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE \_\_\_\_\_

CHRIS HOWARD

TITLE

PRESIDENT

DATE \_\_\_\_\_

1/24/08

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TALLAHASSEE, FLORIDA