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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

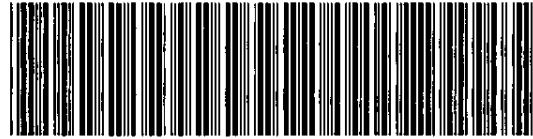
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
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## COVER LETTER

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

SUBJECT: INTERNATIONAL MARINE Services of South Florida, 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: FARRON L. MIDGETT  
Name (Printed or typed)

99 George King Blvd suite #3  
Address

CAPE CANAVERAL, FLORIDA 32920  
City, State & Zip

252-241-9708  
Daytime Telephone number

Fmidgett@ec.fl.com  
E-mail address: (to be used for future annual report notification)

**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: INTERNATIONAL MARINE SERVICES OF SOUTH FLORIDA, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address: 99 George King Blvd suite #3  
CAPE CANAVERAL, FL 32920

Mailing address, if different is: P.O. Box 1287  
CAPE CANAVERAL, Florida 32920

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Provide marine services  
for a profit.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>Farron L. Midgett, Pres.</u>	Name and Title: _____
Address: <u>P.O. Box 1287</u>	Address: _____
<u>CAPE CANAVERAL, FL 32920</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

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TALLAHASSEE, FLORIDA

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AND  
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**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: FARRON L. MIDGETT  
Address: 99 George King Blvd suite #3  
CAPE CANAVERAL, FL 32920

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: FARRON L. MIDGETT  
Address: P.O. Box 1287  
CAPE CANAVERAL, FL 32920

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

Farron L. Midgett  
FARRON L. MIDGETT

Required Signature/Registered Agent

7-18-11

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Farron L. Midgett  
FARRON L. MIDGETT

Required Signature/Incorporator

7-18-11

Date