Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

: CSH SERVICES, LLC Account Name

Account Number : I20070000160 Phone Fax Number

: (800)494-3124 : (561)455-9885

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION UNICON MARINE TRANSPORT INC.

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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:

UNICON MARINE TRANSPORT INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business is:

5951 SE HWY 41 MORRISTON, FL 32668

The malling address is:

PO BOX 117 MORRISTON, FL 32668 12 NAR 13 AN III: S

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is/are:

DIRECTOR, PRESIDENT CONNIE J SHAFER PO BOX 117 MORRISTON, FL 32668

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ARTICLE VI REGISTERED AGENT

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

CONNIE J SHAFER 5951 SE HWY 41 MORRISTON, FL 32668

ARTICLE VII INCORPORATOR

The name and street address of the incorporator is:

CONNIE J SHAFER
PO BOX 117
MORRISTON, FL 32668

12 NAR 13 AN II: 51

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.

CONNIE J SHAFER Registered Agent

Date

CONNIE J SHAFER /Incorporator

Date

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