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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

PS 6/7/12

COVER LETTER

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

SUBJECT: BROEDER'S MARINE SERVICE, INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$87.50 \$70.00 \$78.75 \$78.75 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: JASON BROEDER Name (Printed or typed) 731 N.W. 16 STREET Address HOMESTEAD, FL 33030 City, State & Zip 305-506-5764 Daytime Telephone number

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

BROEDERKJ@BELLSOUTH.NET

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION
ce with Chapter 607 and/or Chapter 621, F.S. (Profit)

	in compliance with Chapter 607 and	vor Chapter 621, r.S. (FILED
ARTICLE I NAME	BROEDER'S MARINES	SERVICE INC.	SECRETARY OF STATE
The name of the corporation	shall be:	JE(10E, 1110)	DIVISION OF CORPORATIONS
	MAI OFFICE		12 JUN -6 AM II: 58
	PAL OFFICE acipal street address	Mail	ing address, if different is:
	. 16 STREET	Widti	ing address, it different is.
	FEAD. FL 33030		
TOMEQU			
ARTICLE III PURPOS			
The purpose for which the c	corporation is organized is:		UNDER THE LAWS OF THE
· · ·		1 13 PERIVIT IEL	ONDER THE LAWS OF THE
STATE OF FLORIDA	4 .		
ARTICLE IV SHARE	<u>SS</u> k is: 100 COMMON SHARES,	DED VALUE \$0.1	10
The number of shares of stoc	KIS: 100 COMMON SHARLS,	FER VALUE 40.	10.
ARTICLE V INITIAL	L OFFICERS AND/OR DIRECTOR	<u>rs</u>	
Name and Title: JASC	ON BROEDER, Director/Presider	nt Name and Title:	
Address: <u>731 l</u>	N.W. 16 STREET	Address:	
AOH.	MESTEAD, FL 33030	-	
		-	
Name and Title: KIMDE	ERLY BROEDER, Vice President/Secreta	Name and Title	
Address: 731	N.W. 16 STREET	Address:	
HON	MESTEAD, FL 33030		
1.132.11		<u></u>	
Name and Title:		Name and Title:	
Address:		Address:	
		_	
	<u>TERED AGENT</u>		
	et address (P.O. Box NOT acceptable) of	f the registered agent is	:
· · · · · · · · · · · · · · · · · · ·	SON BROEDER	- -	
	1 N.W. 16 STREET	<u>-</u> -	
.HC	DMESTEAD, FL 33030	-	
ARTICLE VII INCOR	<u>PORATOR</u>		
The name and address of th			
	SON BROEDER	_	
Address: 73:	1 N.W. 16 STREET.	_	
HC	DMESTEAD, FL 33030	_ _	
Having been would as read	ictared again to appear complete of proposition	es for the above stated	corporation at the place designated in
this contificate I am familia	r with and accept the appointment as re	os joi the upove sidicu distored abont and abro	corporation at the place designated in
inis cerujicuie, r um juminu	way and accept the appointment as re-		e to act in mis cupacity
			6/1/2012
	Required Signature/Registered Agent		Date
	Required Signature Registered Agent		Date
I submit this document and	l affirm that the facts stated herein ar	e true. I am aware tha	ut the false information submitted in a
document to the Departmen	t of State constitutes a third degree felor	ny as provided for in s.l	817.155, F.S.
	41		
(- / -m			6/1/2012
Required Signature/Incorporator			Date