

P14000015465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

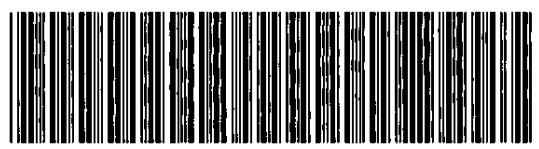
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: Maritime Transport Engineering, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: James L. Konopasek
Name (Printed or typed)
13000 Sawgrass Village Circle Suite 38
Address
Ponte Vedra Beach, FL 32082
City, State & Zip
904-273-0334 x505
Daytime Telephone number
jlkono@marides.net
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: Maritime Transport Engineering, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

13000 Sawgrass Village Circle
Suite 38
Ponte Vedra Beach, Fl 32082

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any lawful act or activity for
which corporations may be now or hereafter organized under the laws
of the State of Florida

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James L. Konopasek, President
Address: 13000 Sawgrass Village Circle
Suite 38
Ponte Vedra Beach, Fl 32082

Name and Title: N/A
Address: _____

Name and Title: N/A
Address: _____

Name and Title: N/A
Address: _____

Name and Title: N/A
Address: _____

Name and Title: N/A
Address: _____

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TALLAHASSEE FLORIDA

Name and Title:	<u>N/A</u>	Name and Title:	<u>N/A</u>
Address	_____	Address:	_____
	_____		_____
	_____		_____

ARTICLE VI REGISTERED AGENT

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

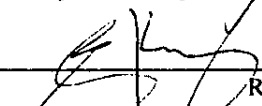
Name: James L. Konopasek
Address: 13000 Sawgrass Village Circle Suite 38
Ponte Vedra Beach, Fl 32082

ARTICLE VII INCORPORATOR

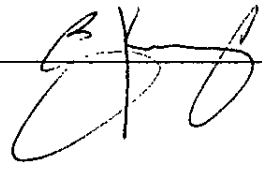
The name and address of the Incorporator is:

Name: James L. Konopasek
Address: 13000 Sawgrass Village Circle Suite 38
Ponte Vedra Beach, Fl 32082

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

 JAMES L. KONOPASEK Feb 8, 2014
Required Signature/Registered Agent 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.

 JAMES L. KONOPASEK Feb 8, 2014
Required Signature/Incorporator Date

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TALLAHASSEE FLORIDA