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Certified Copies	Certificates	of Status		
Special Instructions to	Filing Officer:			

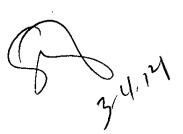
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COVER LETTER

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

 $_{\text{SUBJECT:}}\underline{\text{RGM}}$ MARINE, INC.

954-553-1815

(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)				
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:	
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM: R	ON MCTIGHE			
	Name	e (Printed or typed)		
12	219 CORDOVA I	ROAD		
		Address		
<u>F</u>	T LAUDERDALE	•		
	City,	State & Zip		

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

Daytime Telephone number

MCT/GHE(a) DTT, NET OR RONMCTIGHE(a) ME. COM E-mail address: (to be used for future annual report notification)

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

RTICLE II PR		NC.	
1219 CORD(RINCIPAL OFFICE Principal street address OVA ROAD	Mailing addre	ss, if different is:
T LAUDER	DALE, FL 33316		
he purpose for which	RPOSE the corporation is organized is:	-IT	
			∰p.
			SIVESION OF THE PROPERTY OF TH
			-8 MIII: 47
he number of shares of	IARES of stock is:		# 1
	ITIAL OFFICERS AND/OR DIRECTO Ile: RON MCTIGHE	DRS Name and Title:	
Address	1219 CORDOVA RD	Address:	
Addiesa	- 		
Addiess	FT LAUDERDALE		
Addiess	FT LAUDERDALE FL 33316		
	FL 33316	Name and Title:	
Name and Titl	FL 33316	Name and Title:	
Name and Titl Address	FL 33316	Name and Title: Address:	

Name and	Title:	Name and Title:	
Address	 	Address:	
4 D. W. C. C. D. 177			
ARTICLE VI The name and Flo	<u>REGISTERED AGENT</u> orida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	RON MCTIGHE		
Address:	1219 CORDOVA RD	_	
	FT LAUDERDALE, FL 33316		
ARTICLE VII	INCORPORATOR		
The name and ad	dress of the Incorporator is:		
Name:	RON MCTIGHE		
Address:	1219 CODOVA RD		
•	FT LAUDERDALE, FL 33316	-	
Having been name	m familiar with and accept the appointment as regu	2-25-14	
, , ,	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.			
	Required-Signature/Incorporator	2-25-/ /	