

P17000061151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

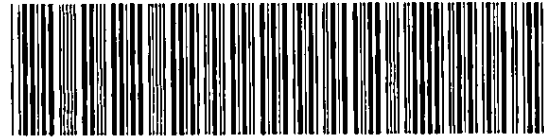
Certified Copies _____ Certificates of Status _____

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JUL 18 2017



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Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.Incserv.com
e-mail: info@incserv.com



ORDER FORM

TO Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 7/18/2017

PRIORITY Routine

OUR REF.# (Order ID#) 589569

ORDER ENTITY
AQUAMARE MARINE USA INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

AQUAMARE MARINE USA INC. (FL)

New corp filing

NOTES:

\$70.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in cursive script that reads "Melissa".

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

ARTICLES OF INCORPORATION

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

ARTICLE I NAME AQUAMARE MARINE USA INC.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address
AQUAMARE MARINE LTD. TURNCHAPEL WHARF
BARTON ROAD PLYMOUTH, DEVON PL9 9RQ UK

Mailing address, if different is:
19 W. 34TH STREET SUITE 1018
NEW YORK, NY 10001

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	JASON BURDETT/PRESIDENT	Name and Title:	MICHAEL SOMMERFELD/ VP
Address	9 LANGDON COURT	Address:	27 JUNCTION GARDENS
	PLYMOUTH, DEVON PL9 8UH UK		PLYMOUTH, DEVON PL4 9AR UK

Name and Title:	DECLAN SEXTON/VP	Name and Title:	MICHAEL SOMMERFELD/C
Address	13 ST. VINCENT STREET	Address:	27 JUNCTION GARDENS
	PLYMOUTH, DEVON PL2 1JH UK		PLYMOUTH, DEVON PL4 9AR UK

Name and Title:	JASON BURDETT/D	Name and Title:	
Address	9 LANGDON COURT	Address:	
	PLYMOUTH, DEVON PL9 8UH UK		

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: INCORPORATING SERVICES LTD.
Address: 1540 GLENWAY DRIVE
TALLAHASSEE, FL 32301

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: OMY VALDEZ
Address: 19 W. 34TH STREET SUITE 1018
NEW YORK, NY 10001

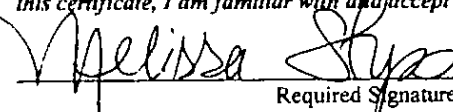
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

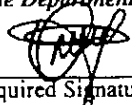
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

7/18/17
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

7-18-17
Date