

P180000 72786

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(City/State/Zip/Phone #)

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CLERK OF COURT  
DIVISION OF CORPORATION  
18 AUG 13 PM 1:52  
TALLAHASSEE, FLORIDA

OK 8/27/18

March 27, 2018

Department of State  
New Filing Section  
Division of Corporations  
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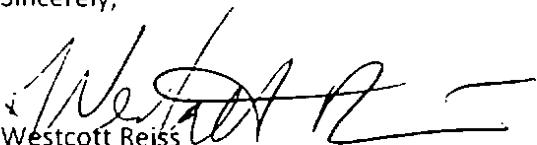
Re: *Mobile Marine Services of South Florida*

To whom it may concern:

By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me.

Sincerely,

  
Westcott Reiss

# 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: MOBILE MARINE SERVICES OF SOUTH FLORIDA INC

## ARTICLE II PRINCIPAL OFFICE

Principal street address

1115 N GOLF DRIVE

HOLLYWOOD FLORIDA 33021

Mailing address, if different is:

7750 SW 117TH AVE SUITE 201D

MIAMI FLORIDA 33183

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LEGAL PURPOSES

## ARTICLE IV SHARES

The number of shares of stock is: 100 @ \$1.00 EA

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: WESTCOTT REISS, PRESIDENT

Address

1115 N GOLF DRIVE

HOLLYWOOD FLORIDA 33021

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
18 AUG 13 PM 1:52  
TALLAHASSEE, FLORIDA

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: WESTCOTT REISS  
Address: 1115 N GOLF DRIVE  
HOLLYWOOD FLORIDA 33021

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: WESTCOTT REISS  
Address: 1115 N GOLF DRIVE  
HOLLYWOOD FLORIDA 33021


**ARTICLE VIII EFFECTIVE DATE:** 08/16/2018

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

*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

8/16/18  
18 AUG 13 PM 1:52  
DIVISION OF CORPORATION  
STATE OF FLORIDA  
08/18/2018