

TRANSMITTAL LETTER

P95000009867  
Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

ENCLOSURE 1 FEB 1995  
01/31/95-01011-017  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: Caribbean Aquatics Inc.

(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of Incorporation and a check for :

☒ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

FROM: Lisa Rae Oshesky

Name (printed or typed)

7040 W. Palmetto Park Rd. Suite #2-192

Address

Boca Raton, FL 33433

City, State & Zip

(407) 391-7712

Daytime Telephone number

FILED  
95 JAN 31 AM 8:03  
TALLAHASSEE, FLORIDA

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

## ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be:

Caribbean Aquatics Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

7040 W. Palmetto Park Rd.  
Suite #2-192  
Boca Raton, FL 33433

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000 Shares

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Lisa Rae Oshesky  
7040 W. Palmetto Park Rd.  
Suite #2-192  
Boca Raton, FL 33433

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TALLAHASSEE, FLORIDA

**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Lisa Rao Oshesky  
7040 W. Palmetto Park Rd.  
Suite #2-159  
Boca Raton, FL 33433

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

26 day of January, 19 95.

Lisa Rao Oshesky  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Articles of Incorporation  
Filing Fee - \$35

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Caribbean Aquatics Inc.

2. The name and address of the registered agent and office is:

Lisa Rae Oshesky

(Name)

7040 W. Palmetto Park Rd. Suite #2-192

(P.O. Box not acceptable)

Boca Raton, FL 33433

(City/State/Zip)

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*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Lisa Rae Oshesky  
(Signature)

January 26 1995  
(Date)

# P96000009867

Thomas M. Kosky  
Requestor's Name

7209 Marsh Terrace  
Address

Port St Lucie, Fla 34986  
City/State/Zip

361-460-8679  
Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. \_\_\_\_\_  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

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-02/07/97--01069--020  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input checked="" type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
97 FEB -5 PM 3:34

FEB 5 1997

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FILED  
SECRETARY OF STATE  
DIVISION  
97 FEB -5 PM 3:34

FIRST: The name of the corporation is: MARKOSKY and ASSOCIATES, INC.

SECOND: The date dissolution was authorized: 12/31/96

THIRD: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by vote of the shareholders through voting groups.

*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

THOMAS W. MARKOSKY  
(voting group)

Signed this 16<sup>th</sup> day of JANUARY, 19 97.

Signature Thomas W. Markosky  
(By the Chairman or Vice Chairman of the Board, President, or other officer)

THOMAS W. MARKOSKY  
(Typed or printed name)

PRESIDENT  
(Title)