

CORPORATION INFORMATION
SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-9171
904-222-0191 FAX

csc networks

800-342-8086

P95000013574

95 FEB 15

MAIL TO:
P.O. Box 5828
TALLAHASSEE, FL 32314

ACCOUNT NO. : 072100000032

REFERENCE : 543896 106739A

AUTHORIZATION :

COST LIMIT : \$ 70.00

Patricia P.

ORDER DATE : February 15, 1995

ORDER TIME : 3:15 PM

200001408732

ORDER NO. : 543896

CUSTOMER NO: 106739A

CUSTOMER: Ms. Vada Hardy
H. EDWARD JONES, C.P.A.

Suite 150
3230 W. Commercial Boulevard
Ft. Lauderdale, FL 33309

DOMESTIC FILING

P95000013574

NAME: MARINE TECHNICAL SERVICES
OF DADE COUNTY, INC.

☒ ARTICLES OF INCORPORATION
☐ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Danny G. Smith

EXAMINER'S INITIALS:

pm
2-17-95
01

FILED
95 FEB 16 AM 9 09
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLES OF INCORPORATION
OF

MARINE TECHNICAL SERVICES OF DADE COUNTY, INC.

FILED
95 FEB 16 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

MARINE TECHNICAL SERVICES OF DADE COUNTY, INC.

The address of the principal office of this corporation shall be 1414 Northwest 107th Avenue, Suite 201, Miami, Florida 33172 and the mailing address of the corporation shall be the same.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 shares of common stock having \$1.00 par value per share.

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 1201 Hays Street, Tallahassee, Florida 32301, and the name of the initial registered agent of the corporation at that address is Corporation Information Services, Inc.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. OFFICERS AND DIRECTORS

This corporation shall have one officer and one director, initially. The name and street address of the initial officer and director who shall hold office for the first year of the corporation, or until his successor is elected or appointed is:

Anthony Schiano	1414 107th Avenue, Suite 201
Dir./Pres./Sec./Treas.	Miami, Florida

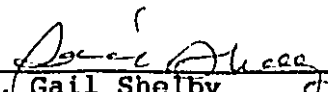
ARTICLE VII. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation:

Corporation Information Services, Inc.
1201 Hays Street
Tallahassee, Florida 32301

IN WITNESS WHEREOF, the undersigned agent of
Corporation Information Services, Inc., has hereunto set
their hand and seal of Corporation Information Services,
Inc., on February 16, 1995.


CORPORATION INFORMATION SERVICES, INC.

By: 
Its Agent, Gail Shelby

ACCEPTANCE OF REGISTERED AGENT DESIGNATED
IN ARTICLES OF INCORPORATION

Corporation Information Services, Inc., a Florida
corporation authorized to transact business in this
State, having a business office identical with the
registered office of the corporation named above, and
having been designated as the Registered Agent in the
above and foregoing Articles, is familiar with and
accepts the obligations of the position of Registered
Agent under Section 607.0505, Florida Statutes.

CORPORATION INFORMATION SERVICES, INC.

By: 
Its Agent, Gail Shelby

AHH/dgs

1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-9171
FAX

800-342-8086

P95000013574

CSC networks
PRESTIGE HALL
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032
REFERENCE : 597771 106739A
AUTHORIZATION :
COST LIMIT : \$ PPD

FILED
95 MAY 11 PM 4:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : May 11, 1995

ORDER TIME : 3:23 PM

ORDER NO. : 597771

CUSTOMER NO: 106739A

CUSTOMER: Mr. H. Edward Jones
H. Edward Jones, C.p.a.
Suite 150
3230 W. Commercial Boulevard
Ft. Lauderdale, FL 33309

700001484757
-05/12/95--01002--001
*****35.00 *****35.00

CA
Change

CHANGE OF AGENT

RECEIVED
95 MAY 11 PM 4:00
DIVISION OF CORPORATION

NAME: MARINE TECHNICAL SERVICES OF
DADE COUNTY, INC.

Name
Availability 5/12/95

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

ADU
ADU
ADU

CONTACT PERSON: Jodie Kræberlyer

Charter No. 095000013574

Date Filed 2/16/95

**STATEMENT OF CHANGE OF REGISTERED OFFICE
AND REGISTERED AGENT**

Pursuant to the provisions of Sections 607.0501 and 607.0502, or 607.1508, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office and registered agent in the State of Florida.

1. The name of the corporation is: Marine Technical Services
Dade County, Inc.

2. The name and address of its present registered agent is:

CORPORATION INFORMATION SERVICES, INC.
1201 Hays Street
Tallahassee, Florida 32301

3. The name and street address to which its registered agent is to be changed is:
(P.O. BOX NOT ACCEPTABLE)

H. EDWARD JONES CPA

3230 W. Commercial Blvd #150

Lori Lauderdale FL 33309

4. The street address of its registered office and the street address of the business office of its registered agent, as changed, are identical.

5. Such change was authorized by resolution duly adopted by its board of directors or by an officer of the corporation so authorized by the board of directors.

Anthony Schiano
(Typed or printed name and title)

Signature [Signature]
(President or Vice President)

Date 2/26/95

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 RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT UNDER SECTION 607.0505, FLORIDA STATUTES.

Please Print/Type Name H. EDWARD JONES

Signature [Signature]
(Agent)

Date 4/24/95

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000013574**

1 Corporation Name

MARINE TECHNICAL SERVICES OF DADE COUNTY, INC.

Principal Place of Business

1414 N.W. 107TH AVE.
SUITE 201
MIAMI FL 33172

Mailing Address

1414 N.W. 107TH AVE.
SUITE 201
MIAMI FL 33172

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

10255 N.W. 53RD STREET

Suite, Apt. #, etc.

10255 N.W. 53 STREET

City & State

SUNRISE, FL

City & State

SUNRISE, FL

Zip

33351

Country

USA

Zip

33351

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

02/16/1995

5. FEI Number

65-0556484

Applied For

Not Applicable

6

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee requested for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPST	SCHIANO, ANTHONY	1414 107TH AVE, SUITE 201 10255 N.W. 53RD STREET	MIAMI FL SUNRISE, FL 33351
D	LACQUA, PHILIP	243 LORRAINE ST	BROOKLYN, NY 11231

100001979141--6
-10/17/96--01087--014
*******375.00 *****315.00**

8. Name and Address of Current Registered Agent

JONES, H. EDWARD CPA
3230 W. COMMERCIAL BLVD.
#150
FT. LAUDERDALE FL 33309

9. Name and Address of New Registered Agent

Name

ANTHONY SCHIANO

Street Address (P.O. Box Number Is Not Acceptable)

10255 N.W. 53RD STREET

Suite, Apt. #, Etc.

City

SUNRISE

State

FL

Zip Code

33351

10. I, being appointed the registered agent of and officer of the named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/4/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/4/96
Date

954-748-5786
Daytime Phone #