

CORPORATION INFORMATION
SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32310
904-222-9171
904-222-0191 FAX

CSO networks

MAIL TO:
P.O. Box 5020
TALLAHASSEE, FL 32314

000-342-0086

P95000017822

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ACCOUNT NO. : 0721000000032

REFERENCE : 552004 80388A

AUTHORIZATION : *Patricia Figure*

COST LIMIT : \$ 70.00

ORDER DATE : March 2, 1995

ORDER TIME : 5:37 PM

ORDER NO. : 552004

CUSTOMER NO: 80388A

100001421011

CUSTOMER: Kramer A. Litvak, Esq
EMMANUEL SHEPPARD & CONDON

30 South Spring Street

Pensacola, FL 32501

DOMESTIC FILING

P95000017822

NAME: MARINE CASUALTY INVESTIGATIONS, 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: Jodie Krebs

EXAMINER'S INITIALS:

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3-6-95
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FILED
95 MAR -3 11 8 47
TALLAHASSEE, FL

ARTICLES OF INCORPORATION

OF

MARINE CASUALTY INVESTIGATIONS, INC.

FILED
95 MAR -3 11 8 4
ST. JAMES, FLORIDA

The undersigned, acting as incorporator of a corporation under the Florida General Corporation Act, adopts the following Articles of Incorporation for such corporation:

ARTICLE I

NAME AND PRINCIPAL OFFICE

The name of this corporation is MARINE CASUALTY INVESTIGATIONS, INC., and its principal office is located at 5705 Avenida Real, Pensacola, Florida 32504 and its mailing address is AMATS No. 12307, P. O. Box 2430, Pensacola, Florida 32513-2430.

ARTICLE II

DURATION

This corporation shall exist perpetually, commencing upon the date of filing of these Articles of Incorporation.

ARTICLE III

PURPOSE

The purpose of this corporation is to engage in any activity or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV
CAPITAL STOCK

This corporation is authorized to issue 10,000 shares of \$.10 par value common stock, all of one class and series.

ARTICLE V
PREEMPTIVE RIGHTS

Every shareholder upon the sale of any new stock of this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his pro rata share thereof (as nearly as may be done without the issuance of fractional shares) at the price at which it is offered to others.

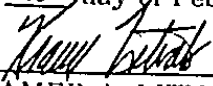
ARTICLE VI
INITIAL REGISTERED OFFICE AND AGENT

The street address of this corporation's initial registered office is 1201 Hays Street, Tallahassee, Florida 32301 and the name of this corporation's initial registered agent is Corporation Information Services.

ARTICLE VII
INCORPORATORS

The name and address of the incorporator is KRAMER A. LITVAK, 30 South Spring Street, Pensacola, Florida 32501.

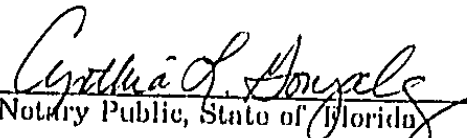
IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 28th day of February, 1995.

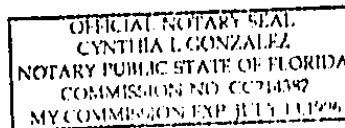


KRAMER A. LITVAK, Incorporator

STATE OF FLORIDA
COUNTY ESCAMBIA

The foregoing instrument was acknowledged before me this 28th day of February, 1995, by KRAMER A. LITVAK, who personally appeared before me and who is personally known to me or who has produced _____ as identification.


Notary Public, State of Florida



ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

We, Corporate Information Services, ^{INC.} are familiar with and hereby accept the appointment as Registered Agent for MARINE CASUALTY INVESTIGATIONS, INC., as set forth in its Articles of Incorporation being filed simultaneously herewith.

IN WITNESS WHEREOF, we have hereunto set our hand and affixed our seal this ____ day of _____, 1995.

Walter J. Buck Agent for
CORPORATE INFORMATION SERVICES, INC.

FILED
95 MAR -3 PM 3 47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 # P95000017822

1. Corporation Name

MARINE CASUALTY INVESTIGATIONS, INC.

Principal Place of Business

5705 AVENIDA REAL
PENSACOLA FL 32504

Mailing Address

AMATS NO. 12007
P.O. BOX 2430
PENSACOLA FL 32513-2430

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.
358 D W. Nine Mile Road

Suite, Apt. #, etc.
Home Base #1230

City & State
Pensacola FL

City & State
Pensacola FL

Zip
32534

Country
USA

Zip
325

Country
USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

03/03/1995

5. FEI Number

EIN 59-3304010

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

99.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporation 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
P/S	E. BURT HARRIS	358 D W. Nine Mile Road Pensacola FL 32534	
V/T	SHERRY K. HARRIS	358 D W. Nine Mile Road Pensacola FL 32534	

8000002038378--4
-12/25/96--01035--005
****375.00 ****375.00

8. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Signature of
Registered Agent

Deborah D. Skipper

REGISTERED AGENT MUST SIGN
Deborah D. Skipper, as its agent

Date 12/23/96

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 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 to 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 form is true and accurate, and my signature shall have the same legal effect as if made under oath.

SURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/18/96

Date

Daytime Phone #

800-
328-0754