CORPORATION INFORMATION
SERVICES, INC
1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-9171
904-222-0391 FAX

800-342-8086

P95000017822

csc networks

Mail To:
P.O. Box 5020
Tallahassee, FL 32314

ACCOUNT NO. : 072100000032

REFERENCE : 552804 80388A

AUTHORIZATION : Patricia Figgs

COST LIMIT : $ 70.00

ORDER DATE : March 2, 1995

ORDER TIME : 5:37 PM

ORDER NO. : 552804

CUSTOMER NO: 80388A

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

30 South Spring Street

Pensacola, FL 32501

DOMESTIC FILING

P95000017822

NAME: MARINE CASUALTY INVESTIGATIONS, Inc.

XX ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jodie Krebs

EXAMINER'S INITIALS:

FILED
95 MAR -6 AM 8:47
SEC. OF STATE
TALLAHASSEE, FLORIDA

3-6-95

FILED
95 MAR -3 PM 3:

ARTICLES OF INCORPORATION

OF

MARINE CASUALTY INVESTIGATIONS, INC.

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.

Cynthia L. Gonzalez
Notary Public, State of Florida

OFFICIAL NOTARY SEAL
CYNTHIA L GONZALEZ
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC214387
MY COMMISSION EXP. JULY 11,1996

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.

_____ Agent for
CORPORATE INFORMATION SERVICES, INC.

FILED
95 MAR -3 PM 4:47
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

FILED
96 DEC 23 PM 12:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000017822

1. Corporation Name
MARINE CASUALTY INVESTIGATIONS, INC.

REINSTATEMENT 96 AR

Principal Place of Business	Mailing Address
5705 AVENIDA REAL PENSACOLA FL 32504	AMATB NO. 12307 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 / P.O. Box 2430
City & State: Pensacola FL	City & State: Pensacola FL
Zip: 32534 Country: USA	Zip: 325 Country: USA

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 ☐ $8.75 Additional Fee required 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
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

800000203837 8--4
-12/26/96--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

CR2E040 (7/96)

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 Deborah D. Skipper, as its agent — Date: 12/23/96
REGISTERED AGENT MUST SIGN

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 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)(i), 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.

SIGNATURE: [signature] — 12/18/96 (Date) — 800-328-0754 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0097346 AF