

P95000028357

**CAPITAL CONNECTION, INC.**

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870  
Mailing Address: Post Office Box 10149, Tallahassee, FL 32302  
TOLL FREE No. 1-800-342-8062  
FAX (904) 222-1222

NAME \_\_\_\_\_  
FIRM \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE ( ) \_\_\_\_\_

Service: Top Priority \_\_\_\_\_ Regular \_\_\_\_\_  
One Day Service Two Day Service

To us via \_\_\_\_\_ Return via \_\_\_\_\_

Matter No.: \_\_\_\_\_ Express Mail No. \_\_\_\_\_

State Fee \$ \_\_\_\_\_ Our \$ \_\_\_\_\_

REC-11  
95 APR 11 AM 10:15  
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AB 4/11/95  
W95-7704

RE: Mermaid Ocean Products, Inc.

	C.O. FEE.	DISBURSED
<input checked="" type="checkbox"/> Capital Expenses <sup>TM</sup>		
<input checked="" type="checkbox"/> Art. of Inc. File		
<input type="checkbox"/> Corp. Record Search		
<input type="checkbox"/> Ltd. Partnership File		
<input type="checkbox"/> Foreign Corp. File		
<input checked="" type="checkbox"/> <del>1</del> Cert. Copy(s)		
<input type="checkbox"/> Art. of Amend. File		
<input type="checkbox"/> Dissolution/Withdrawal		
<input type="checkbox"/> O U S.	50000-451805	
<input type="checkbox"/> Fictitious Name File	-04/10/95--01030--021	
	*****70.00	*****70.00
<input type="checkbox"/> Name Reservation		
<input type="checkbox"/> Annual Report/Reinstatement		
<input type="checkbox"/> Reg. Agent Service		
<input type="checkbox"/> Document Filing		
<input type="checkbox"/> Corporate Kit		
<input type="checkbox"/> Vehicle Search		
<input type="checkbox"/> Driving Record		
<input type="checkbox"/> Document Retrieval		
<input type="checkbox"/> UCC 1 or 3 File		
<input type="checkbox"/> UCC 11 Search		
<input type="checkbox"/> UCC 11 Retrieval		
<input type="checkbox"/> File No.'s, _____ Copies		
<input type="checkbox"/> Courier Service		
<input type="checkbox"/> Shipping/Handling		
<input type="checkbox"/> Phone ( ) _____		
<input type="checkbox"/> Top Priority		
<input type="checkbox"/> Express Mail Prep.		
<input type="checkbox"/> FAX ( ) _____ pgs.		
<b>SUBTOTALS</b>		

REQUEST \_\_\_\_\_ TAKEN \_\_\_\_\_ CONFIRMED \_\_\_\_\_ APPROVED \_\_\_\_\_  
DATE \_\_\_\_\_  
TIME \_\_\_\_\_ CK No. \_\_\_\_\_  
BY AAI

WALK-IN Will Pick Up 4-10-1200

FEE.....	\$ _____
DISBURSED.....	\$ _____
SURCHARGE.....	\$ _____
TAX on corporate supplies.....	\$ _____
SUBTOTAL.....	\$ _____
PREPAID.....	\$ _____
BALANCE DUE.....	\$ _____
	\$ _____

Please remit invoice number with payment  
TERMS: NET 10 DAYS FROM INVOICE DATE  
1 1/2% per month on Past Due Amounts  
Past 30 Days, 18% per Annum.

THANK YOU  
from  
Your Capital Connection



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State

April 10, 1995

CAPITAL CONNECTION  
P.O. BOX 10349  
TALLAHASSEE, FL 32302

SUBJECT: MERMAID OCEAN PRODUCTS, INC.  
Ref. Number: W95000007704

We have received your document for MERMAID OCEAN PRODUCTS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6928.

Agnes Bundick  
Corporate Specialist

Letter Number: 495A00016298

*Corrected*

ARTICLES OF INCORPORATION  
OF  
MERMAID OCEAN PRODUCTS, INC.

FILED  
95 APR 11 AM 11  
TARAPON SPRINGS, FLA.

The undersigned incorporator, for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I. NAME

The name of the corporation shall be:

MERMAID OCEAN PRODUCTS, INC.

The principal place of business of this corporation shall be: P.O. BOX 423, TARPON SPRINGS, FLORIDA 34689. The mailing address of this corporation shall be: P.O. BOX 423, TARPON SPRINGS, FLORIDA 34689.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage in or transact 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 10,000 shares of common stock have \$1.00 per value per share.

ARTICLE IV. TERM OF EXISTENCE

The corporation is to exist perpetually.

ARTICLE V. OFFICERS DIRECTORS

This corporation is to have three directors and officers, initially. The names and street addresses of the initial directors and officers who shall hold office for the first year of the corporation's existence, or until their successors are elected or appointed are:

Karl Wilhelm Fischer  
President

P.O. Box 423  
Tarpon Springs, Florida 34689

Sieglinde Fisher  
Secretary

P.O. Box 423  
Tarpon Springs, Florida 34689

Wilfred Edward Fisher  
Treasurer

106A Riverside Drive  
Baltic, Connecticut 06330

ARTICLE VI. INCORPORATOR

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

Karl Wilhelm Fischer

P.O. Box 423  
Tarpon Springs, Florida 34689

IN WITNESS WHEREOF, the undersigned incorporator has executed these  
Articles of Incorporation this 7<sup>th</sup> day of APRIL,  
1995.

Signature of Incorporator



\_\_\_\_\_  
Incorporator

STATE OF FLORIDA

COUNTY OF PINELLAS

THE FOREGOING instrument was acknowledged and sworn to before me  
this 7<sup>th</sup> day of APRIL, 1995, by Karl Wilhelm Fisher  
of MERMAID OCEAN PRODUCTS, INC.

Notary Public

PETER MAKRIS  
Notary Public, State of Florida  
My Comm. Expires Apr. 7, 1998  
No. CC 362583  
Bonded thru Official Notary Service

  
My Commission Expires: 4/7/98

CERTIFICATE DESIGNATING  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.32, 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:

MERMAID OCEAN PRODUCTS, INC.

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

Name: KARL WILHELM FISCHER

Address: 2110 Drew St.

City: TARPON SPRINGS

State: FLORIDA Zip: 34625

SIGNATURE   
(Corporate Officer)

TITLE: PRESIDENT

DATE: 4/7/95

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE 

DATE: 4/7/95