DOA8357 RE: Memaid Ocean Products,

417 E. Virginia St., Stiffe I., Tallahassee, 14, 32301, (904)224-8870. Mailing Address Post Office Box 10349, Tallahassee, FL 32302 TOLL FREE No. 1 800-142 8062 FAX (904) 222 1222

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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



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.

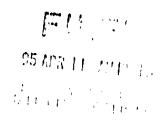
Please return your document, along with a copy of this letter, within 60 days or your filling will be considered abandoned.

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

Agnes Bundick Corporate Specialist

Letter Number: 495A00016298

Corrected



ARTICINE OF INCORPORATION OF

MERMAID OCKAN PRODUCTS, INC.

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 EXIBTENCE

The corporation in to exist perpetually.

ARTICLE V. O'FICERB 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

Sieglinde Fisher Secretary

Wilfred Edward Fisher Treasurer P.O. Box 423 Tarpon Springs, Florida 34689

P.O. Box 423

Tarpon Springs, Florida 34689

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 WITHKES WHERKOF, the undersigned	fincorporator has executed these
Articles of Incorporation this	day of Apple.
1995.	
	Bignature of Incorporator
	Milo
	Incorporator
STATE OF FLORIDA	
COUNTY OF PINELLAS	
THE FOREGOING instrument was ackno	wledged and sworn to lefore me
this 7th day of APRIL	_, 1995, by Karl Wilhelm Fisher
of MERMAID OCEAN PRODUCTS, INC.	
	Notary Public
	M
PETER MAKRIS Notary Public, State of Florida	My Complete to
My Comm. Expires Apr. 7, 1998 No. CC 362583 Bonded Thru Official Natury Security	My Commission Expires: $\frac{y/z/q_1}{z}$

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 of Lice/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:

Zip: 34625

SIGNATURE

(Comporate Officer)

TITLE:

PRESIDENT

DATE:

4/7/25

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 WIN

DATE:

4/7/54