

ARTICLES OF INCORPORATION

Hollywood ^{of} MARINE SALVAGE, INC.
(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

Hollywood MARINE SALVAGE, INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue five Hundred shares (500) of ONE
Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	<u>SUSAN SLAWEK</u>		
ADDRESS	<u>104 NE 2ND STREET</u>		
CITY	<u>DANIA</u>	FLORIDA	ZIP <u>33004</u>

The principal office, if known, or the mailing address of the corporation is:

NAME	<u>Hollywood Marine Salvage, Inc.</u>		
ADDRESS	<u>104 NE 2ND STREET</u>		
CITY	<u>DANIA</u>	FLORIDA	ZIP <u>33004</u>

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have THREE (3) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

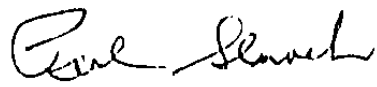
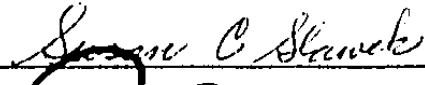
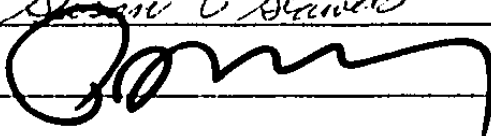
NAME	<u>PAUL SLAWEK, III</u>		
ADDRESS	<u>309 NE 3RD AVE</u>		
CITY	<u>DANIA</u>	STATE <u>FL</u>	ZIP <u>33004</u>
NAME	<u>SUSAN WALKER, ESQ</u>		
ADDRESS	<u>4110 Presidential Drive</u>		
CITY	<u>LAfayette H,LL</u>	STATE <u>PA</u>	ZIP <u>19444</u>
NAME	<u>PAUL SLAWEK, M.D.</u>		
ADDRESS	<u>309 NE 3RD AVE</u>		
CITY	<u>DANIA</u>	STATE <u>FL</u>	ZIP <u>33004</u>

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	PAUL SLAWEK III		
ADDRESS	309 NE 3 RD AVE		
CITY	DANIA FL.	STATE	FL ZIP 33004
NAME	SUSAN SLAWEK		
ADDRESS	309 NE 3 RD AVE		
CITY	DANIA, FL	STATE	FL ZIP 33004
NAME	PAUL SLAWEK, MD		
ADDRESS	309 NE 3 RD AVE.		
CITY	DANIA	STATE	FL ZIP 33004

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 25TH day of APRIL, 1995.


 _____ (Seal)

 _____ (Seal)

 _____ (Seal)

CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

HOLLYWOOD MARINE SALVAGE, INC
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation

at 104 N.E. 2ND STREET
DANIA, FLORIDA

has named SUSAN C. SLAWEK

located at the aforesaid address, as its Registered Agent to accept service of process
within this state.

FILED
65 MAR 24 11 05 AM '65
CLERK OF CIRCUIT COURT
MIAMI COUNTY, FLORIDA

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above
stated corporation at the place designated in this certificate, and being familiar with
the obligations of that position, I hereby accept to act in this capacity, and agree to
comply with the provisions of Florida Law in keeping open said office.

Susan C Slawek
(registered agent)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthnm
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P95000032860**

1. Corporation Name
HOLLYWOOD MARINE SALVAGE, INC.

Principal Place of Business
**104 N.E. 2ND ST.
DANIA FL 33004**

Mailing Address
**104 N.E. 2ND ST.
DANIA FL 33004**

FILED

96 NOV -1 AM 10: 37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

4. Date incorporated or Qualified
To Do Business in Florida

04/24/1995

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
D	SLAWEK, PAUL M	308 N.E. 3RD AVE.	DANIA FL 33004
D	SLAWEK, PAUL M.D.	308 N.E. 3RD AVE.	DANIA FL 33004
D	WALKER, SUSAN ESQ.	4118 PRESIDENTIAL DR.	LAFAYETTE HILL PA 19444

8. Name and Address of Current Registered Agent

**SLAWEK, SUSAN
104 N.E. 2ND ST.
DANIA FL 33004**

9. Name and Address of New Registered Agent

Name

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

300001397003--4

Suite, Apt. #, Etc.

-11705/96--01133--021

City

*****375.00**

State

Zip Code

FL

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

Susan Slawek
REGISTERED AGENT MUST SIGN

Date

9/31/96

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 112.07(3)(i), 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

Date

Daytime Phone #

008830