P95000043256

FIUNGS, INC. TERESA ROMAN

(Requestor's Nume)

2805 LITTLE DEAL ROAD

(Address)

TALLAHASSEE, FLORIDA 32308 (904) 385-6735

(City, State, Zip) (Phone #)

800001506328 -08/06/95--01034--019 ****122.50

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1				
_	,	ation Name)	(Document #)	
2	(Corpora	ition Nume)	(Document #)	
3	(Corpora	tion Name)	(Document #)	
4		nton Name)	(Document #)	
	Walk in	Pick up time	Certified Copy	
	Mail out	Will wait Photocopy	Certificate of Status	DIVISION OF CONTORNION
NEW FILINGS		AMENDMENTS		NISION (
	Profit	Amendment		9 6 7
1	NonProfit	Resignation of R.A., Officer/D	irector	二氧亚亚
Ī	Limited Liability	Change of Registered Agent		EL) 14. IV: 19 15. ORATIO
	Domestication	Dissolution/Withdrawal		710H
T	Other	Merger		-

OTHER FILINGS

Annual Report

Fictitious Name

Name Reservation

CR2E031(10/92)

REGISTRATION/ QUALIFICATION		
Foreign		
Limited Partnership		
 Reinstatement		
Trademark		
 Other		

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Examiner's Initials

ARTICLES OF INCORPORATION

ARTICLE I - NAME

The name of this corporation is Cobra Marine Transportation, Inc.

ARTICLE II - PRINCIPAL OFFICE

The mailing address of this corporation shall be: 1110 N.W. 133rd Avenue Sunrise, Florida 33323

ARTICLE III - PURPOSE

This corporation is organized for the purpose of transacting any or all lawful business.

ARTICLE IV - CAPITAL STOCK

This corporation is authorized to issue 1,000 shares of \$1.00 par value common stock which shall be designated as "Common Stares".

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is 3732 N.W. 16th Street, Fort Lauderdale, Florida 33311 and the name of the initial registered agent of this corporation at that address is Filings, Inc., a Florida corporation.

ARTICLE VI - INITIAL BOARD OF DIRECTORS

The Corporation shall initially have two (2) Directors to hold office until the first annual meeting of stockholders and their successors shall have been duly elected and qualified, or until their earlier resignation, removal from office or death. The number of Directors may be either increased or decreased from time to time in accordance with the By-laws of the Corporation. The names and addresss of the initial Directors are:

William West 1110 N.W. 133rd Avenue, Sunrise, Florida 33323 David Kline 1110 N.W. 133rd Avenue, Sunrise, Florida 33323

ARTICLE VII - INCORPORATOR

The name and address of the Incorporator signing these Articles is:

Filings, Inc., a Florida Corporation 3732 N.W. 16th Street Fort Lauderdale, Florida 33311

ARTICLE VIII - PRE-EMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of this corporation shall have the right to purchase his prorata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE IX - INDEMNIFICATION

The corporation shall indemnify any Officer or Director, or any former Officer or Director, to the full extent permitted by law.

ARTICLE X - AMENDMENT

This corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation on the date of signing.

Dated: June 6, 1995

Filings, Inc. by Teresa Roman, Vice-President

Incorporator

Certificate designating place of business or domicle for the service of process within Florida, naming agent upon whom process may be served.

In compliance with Section 607.0501, Florida Statutes, the following is submitted:

First that Cobra Marine Transportation, Inc. desiring to organize or qualify under the laws of the State of Florida, has named Filings, Inc., a Florida corporation, located at 3732 N.W. 16th Street, Fort Lauderdale, Florida, as its agent to accept service of process within Florida.

Dated: June 6, 1995

Teresa Roman, Incorporator

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. I further agree to comply with the provisions of all Statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Dated: June 6, 1995

by Teresa Roman, Vice-President

ilings, Inc.
y Teresa Roman,

Secon Roman

TALLAHASSEE, FLO

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM APPROVED

APPLICATION FLORIDA DEPARTMENT OF STATE APPROVED

FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATI Sandra B. Mortham

Secretary of State
Division of Corporations

DOCUMENT #

SIGNATURE:

P95000043256

HIS FORM APPROVE AND FILED

95 SEP 23 PH 12: 01

SECRETARY OF STATE TALLAHASSEE. FLORIDA

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	3		
If above addresses are incurrect in any way line through incorrect information and enter c New Principal Office Address. If Applicable 3. New Marting Office Address. If A		REINSTATEMENT 96	
1		To Do Business in Florida 06/06/1995 5 FEI Number 2 6 5 - 0 6 0 6 2000 Applied For	
Suite, Apt #, etc			
City & State	x 6		
Zip	Country 6		
	CEI	ERTIFICATE OF STATUS DESIRED 58 75 Additional Fee require for a Certificate of Status	
id/or Director (Florida no		pctors)	
	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Nurs, ars)	City / State / Zip	
111		SUNRISE FL 33323	
111	0 NW 133RD AVE.	SUMPISE FL 33323	
		-10/09/96010/22006 ****375.00 *****375.00	
t Registered Agent	9. Nam	ne and Address of New Registered Agent	
LLINS	Name Street Address (i.e. Box N	1 10 1 11 11 11 11	
	2 765 W Suite, Apt. F., Etc.	Number is Not Acceptable) CRYPESS CREEK RD	
	FT LAU	VD State Zip Code FL 35304	
est		of Section 607.0505, F.S. Date 9/20/16	
		(See other side for information on intangible tax.)	
t e	through incorrect informal New Mailing Offi Suite. Apt # etc City & State Zip Indicate Director (Florida noise) 1110 1110 The Registered Agent LLINS Ove named corporation, and the state of t	Bircuigh incorrect information and enter correction below 3 New Mailing Office Address. If Applicable 4 D. Suite. Apt # etc 5 FF. City & State Zip Country City & State 2ip Country Street Address of Each 1110 NW 133RD AVE. 1110 NW 133RD AVE. 1110 NW 133RD AVE. 1110 NW 133RD AVE. 1110 NW 133RD AVE.	

ME OF SIGNING OFFICER OR DIRECTOR