MCOCCOOD 28

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

4 00000 1 6176 504 -05/27/95--01082--009 ****122.50 ****122.50

SUBJECT:(Proposed corporate name - must include suffix)					
Enclosed is an origina	I and one (1) co	py of the articles of i	incorporation a	and a check	
for : \$70.00 Filing Fee	\$78.75 Filing Fee & Cortificate	\$122.50 Filing Fee & Cerdfied Copy Additional Copy	\$131.25 Filing Fee, Certified Copy & Certificate	n (1. 9: 37 हे. स्टिक्सिक	
FROM:	MRS Name	Iphinted or typed) SW Codar	TC	37/6	
	Palm (City 10-7/2-8	Address The Florida State & Zip Telephone number	34990	502 53/	
			5 JA - 3	20) 476 /	

NOTE: Please provide the original and one copy of the articles.



Juno 28, 1996

PERRY WOODRUFF 3078 SW CEDAR TRAIL PALM CITY, FL 34990

SUBJECT: MRS, INC.

Ref. Number: W96000013716

We have received your document for MRS, INC. and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Bylaws are not filed with this office. Please retain them for your records.

We are enclosing the proper form(s) with instructions for your convenience.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

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) 487-6878.

Terri Buckley Corporate Specialist

Letter Number: 796A00032088

TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	Marine (Proposed corporate	escue Soname - must include su		Inc,	
Enctosed is an origi n	inl and one (1) co	inv of the articles		a ready	paid
for : \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Cop	\$131.25 Filing Fee, Certified Copy & Certificate		
FROM		$\frac{1000ds}{\text{(printed or typed)}}$	aff- Cedartra	.	
	Pa m (Address y, State & Zip	<u>Crompiva</u> C 349	790	
		Telephone number			

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

The name of the corporation shall be:	NAME Securces	8 JE 18 JE 9.
		(A)

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

3078 SW Cedartrail Palm City, FL 34990

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: $| \bigcirc \bigcirc \bigcirc \bigcirc$

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

Perry Woodruff
3078 SW Cetar Trail
Palm City, FL 34990

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

9th day of July, 19 96.

(An additional article must be added if an effective date is requested.)

Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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:	Marine	Rescup	Services, Inc
2. The name and address of the reging to the region of the	1 ~ .	ir Trail	FILED 96 JUL 19 FM 9: 37 SECTION SSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(SIGNATURE)

7-10-96 (DATE)