P970000/6014
PIEBIT MIDISSEE TUD

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

SUBJECT:

CPR MARINE IN OR

PJR MARINE INC

(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

XXX X**54,\$7**0.00 Filing Fee

\$78.75 Filing Fee

& Certificate

**\$122.50** 

**\$131.25** 

Filing Fee & Certified Copy Filing Fee, **Certified Copy** 

& Certificate

ADDITIONAL COPY REQUIRED

FROM:

PAUL J ROBERTSON

Name (Printed or typed)

PO BOX 49101

Address

ST PETERSBURG FL 33743

City, State & Zip

813 790 7101

813 345 1254

Daytime Telephone number

F. CHESSER

FEB 2 0 199**7** 

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



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

February 7, 1997

PAUL J ROBERTSON P O BOX 49101 ST PETERSBURG, FL 33743

SUBJECT: CPR MARINE INC Ref. Number: W97000003188 97 FEB 17 AM 10: 42

We have received your document for CPR MARINE 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):

The document must state the number of shares of authorized stock.

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) 487-6904.

Freida Chesser Corporate Specialist

Letter Number: 997A00006720

## 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.

> ARTICLE I NAME

The name of the corporation shall be:

CPR MARINE TNC

ARTICLE II PRINCIPAL OFFICE

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

MAILING ADDRESS: PO BOX 49101 STPETERSBURG FL 33743

> ARTICLE III **SHARES**

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

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

PAUL J ROBERTSON PC BOX 49101 ST PETERSEURG FL

33743

MAILING

PAUL J ROBERTSON 6214 12 AVE S ST PETERSBURG FL 33707

street address

## 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):

PAUL J ROBERTSON 6214 12 AVE S ST PETERSBURG FL 33707

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this					
4	_ day of _	Feb	<b>, 19</b> <u>97</u> .		
(An add	itional articl	e must be added if	an effective date is requested.)		
		1			
			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_	CPR MARINETUCOR		9 FEB
2. The name and address of the re	gistered agent and office is:		7 AM 10: 42
PAUL	J ROBERTSON (NAME)		ังหูเป็น เกลายน
	12 AVE SO D. Box of Mail Drop Box NOT ACCEPT.	ABLE)	
ST p	etersburg fl 33707		
	(City/State/Zip)		

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 agen. And agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to a proper and complete performance of my duties, and I am familiar with and accept the obligations of my assition as registered agent.

(Signature)	(DATE)
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