P970000053793

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

SUBJECT: DOI	PHIN DIVERS, INC. (Proposed co	opporate name - must includ	e suffix)	
			80000221 -06/13/97- *****78.7	20283 01120002 '5 *****78.75
Enclosed is an original at	nd one(1) copy of the articles	of incorporation and a c	check for :	_
\$70.00 Filing Fee	S \$78.75 Filing Fee & Certificate	☐\$122.50 Filing Fee & Certified Copy	S131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM:	JAMES E. RODRIGUEZ	:	-	1
_	540 CARILL	inied or typed) .OH PARKWAY #204	4CLAHASS	FIL 97 JUN 13 Secretary
	ST. PETERS	BURG, FLORIDA State & Zip	33716 SEE. FLORID	FILED JUN 13 PH 4: 24 CRETARY OF STATE
	(813) 561-	·	>`	•

AL MUN 1 6 1997

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

Daytime Telephone number

FILED

97 JUN 13 PH 4: 24

ARTICLES OF INCORPORATION

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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE	T	NAM	z
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The name of the corporation shall be:

DOLPHIN DIVERS, INC.

ARTICLE II PRINCIPAL OFFICE

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

540 CARILLON PARKWAY # 2040 ST. PETERSBURG, FLORIDA 33716

<u>ARTICLE III SHARES</u>

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

10,000 VOTING SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

RALPH OVALLE

13088 - 110th AVENUE WORTH
LARGO, PLORIDA 33774

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

JAMES E. RODRIGUEZ 540 CARILLON PARKWAY # 2040 ST. PETERSBURG, FLORIDA 33716

June 8, 1997
Signature/Incorporate

Date

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

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 patient agent.

Signature/Registered Agent

June 8, 1997

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