## 100002230931---3 -07/07/97--01051--003 \*\*\*\*122.50 \*\*\*\*122.50 FLORIDA 33174 (305)552-5973 City/State/Zip Phone # LOCAL REPRESENTATIVE TALLAHASSEE Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document#) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy Pick up time \_ 9 / 00 Walk in Will wait Photocopy Certificate of Status Mail out VEWFILINGS WE KAMENDMENTS TO Profit Amendment NonProfit Resignation of R.A., Officer/ Director Change of Registered Agent **Limited Liability** Dissolution/Withdrawal Domestication Other Merger August Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other

CR2E031(1/95)

Examiner's Initials



July 7, 1997

**LAZARUS** 

MIAMI, FL

SUBJECT: ATLAS SERVICES, INC. Ref. Number: W97000015589

We have received your document for ATLAS SERVICES, 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):

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.

If you have any questions concerning the filing of your document, please call (850) 487-6934.

Loria Poole Corporate Specialist

Letter Number: 197A00035036

## 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:

OCEANIC SERVICES, INC.

97 JUL -8 PH 3: 53
SELLANGE FLORIDA
TALLAMASSEE FLORIDA

#### ARTICLE II PRINCIPAL OFFICE

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

16658 Golfview Dr. Fort Lauderdale, Fl. 33326

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: Three Hundred (300) having a par value of \$ 100.00 per share.

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Miguel va

16658 Golfview Dr. Fort Lauderdale, Fl. 33326

### ARTICLE V INCORPORATOR(S)

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

Camilo Lamaletto

2605 N.W. 77 Av.Miami, Fl. 33162

M,iguel Va

16658 Golfview Dr. Fort Lauderdale Fl. 33326

#### ARTICLE VI DIRECTOR(S)

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

Camilo Lamaletto

2605 N.W. 77 Av. Miami, Fl.33162

Miguel Va

16658 Golfview Dr. Fort Lauderdale Fl. 33326

Signature

-Signature

Signature

Articles of Incorporation Filing Fee - \$35

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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.

T	he name of the corporation is: OCEANIC SERVICES, INC.
7	he name and address of the registered agent and office is:
_	Miguel Va
	(NAME)
	16658 Golfview Dr.
_	(P.O. BOX <u>NOT</u> ACCEPTABLE)
	Fort Lauderdale, Fl. 33326
_	(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 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.

**REGISTERED AGENT FILING FEE: \$35.00**