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Joseph E. Roth Certified Public Accountant 8695 College Parkway, Suite 305 Fort Myers, FL 33919 (941)466-6590 97 DEC 15 AM II: 48 SECRETARY OF STATE TALLAHASSEE, FLORIDA

December 12, 1997

Division of Corporations P.O. Box 6327 Tallahassee, Florida

300002372393--2 -12/15/97--01109--008 ****131.50 ****131.50

Dear Sirs,

Enclosed please find Two copies of the Articles Of Incorporation for a new for profit corporation Oceanponic Farms, Inc. and a check for \$131.50. Please mail the certified copy and certificate to the above address.

Respectfully,

encl

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ARTICLES OF INCORPORATION

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SECRETARY OF STATE The undersigned incorporator, for the purpose of forming a corporation thideothe, FLORIDA Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I. NAME

The name of the corporation shall be: OCEANPONIC FARMS, INC.

ARTICLE II. PRINCIPAL OFFICE

The principal place of business of this corporation shall be:

6296 Corporate Court, A-201 Ft. Myers, Florida 33919

The Mailing address of this corporation shall be:

Oceanponic Farms, Inc. 6296 Corporate Court, A-201 Ft. Myers, Florida 33919

ARTICLE III. SHARES

The number of shares of stock of this corporation is authorized to have outstanding at any one time is 500 shares common stock, \$1 par value.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Roland Holliday 5635 Delido Court Cape Coral, Florida 33904

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ARTICLE V INCORPORATOR

SECRETARY OF STATE TALLAHASSEE, FLORIDA

The name and address of the incorporator to these Articles of Incorporation is:

Roland Holliday 5635 Delido Court Cape Coral, Florida 33904

oland Holliday

12/11/9

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/Degistered Agent

Date