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LAZARUS CORPORATE FILING SI (Requestor's Name)	ERVICE, INC.			
3320 S.W. 87th AVENUE		00000 -06/	254751 04798—010	0 0 9 52008
(Address)				****122.50
MIAMI, FLORIDA (305)552-	-5973			
	one #)			
LOCAL REPRESENTATIVE TALLA	HASSEE	OFFICE USE ONLY		
CORPORATION NAME(S) & 1 1. CAPTAIN J	DOCUMENT NUMB	•		
(Corporation Name)	,	(Document #)		
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(Corporation Name)		(Document #)	2 2≤	
4. (Corporation Name)		(5)	\$ 7	
Walk in Pick up time Mail out Will wait	2.00 Photocopy	(Document #) Certified Copy Certificate of Status	RY OF STATE SSEE, FLORIDA	G
NEW FILINGS	AMENDMI	ENTS.	J.	
Profit	Amendment			
NonProfit	Resignation of R.A., Officer/Director			
. Limited Liability	Change of Registered Agent			
Domestication	Dissolution/Withdrawal			
Other	Merger			
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OTHER FILNGS	REGISTRATIO	NO TO THE REAL PROPERTY OF THE PARTY OF THE	W ₅	و
Annual Report	QUALIFICATION		70%	-0
Fictitious Name	Foreign		OF C	. D
Name Reservation	Limited Partnersh	ip G/L	DIVISION OF CORPORATIO	
	Reinstatement	/ /	10. tz	7

Other

Examiner's Initials

CERTIFICATE OF INCORPORATION

OF

JAVY

MARINE , INC.

98 JUN -4 PH 12: 5 SECRETARY OF STAT TALLAHASSEE, FLORI

WE, the undersigned, hereby make, subscribe and ac in whedge this certificate for the purpose of becoming a corporation under the laws of the State of Florida.

1. The name of the corporation shall be: CAPTAIN JAVY MARINE, INC.

CAPTAIN

- and its existence shall be perpetual.
- 2. The general nature of the business to be transacted shall be REPAIRS AND SERVICE BOATS , and to invest in property of any kind, operate businesses, lend money, and to have all other powers provided by the laws of the State of Florida.
- 3. The capital stock of the corporation shall consist of fifty (50) shares, without nominal par value.
- 4. The amount of capital with which this corporation shall begin business is not less than FIVE HUNDRED DOLLARS.
 - 5. The principal office of this corporation shall be 700 NW 7 Ave. , Miami, FL. 33129
- 6. The number of directors shall be at least one (1), and the names and post office addresses of the first Board of Directors and Officers are:

NAME OFFICE POST OFFICE ADDRESS

1. JACQUELINE 700 NW 7Ave. Miami FERNANDEZ President F1. 33129

STATE OF FLORIDA)

COUNTY OF DADE)

BEFORE ME, the undersigned authority, personally appeared

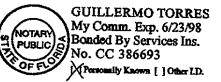
TACQUE LINE FERNANDEZ

subscriber(s) and person(s) described in and who executed the foregoing Certificate of Incorporation, who acknowledged before me that they did subscribe thereto, and did so for the uses and purposes therein contained.

SWORN TO and SUBSCRIBED before me at Miami, Dade County, Florida this the 28 day of 7998, 1998

Notary Public, State of FL

My Commission Expires:



7. The names and post office addresses of the subscribers to this Certificate of Incorporation, and the number of shares each agrees to take, and the consideration therefore, the proceeds of which will amount to not less than FIVE HUNDRED DOLLARS (\$500.00), are as follows:

NAME AND ADDRESS

NO. OF SHARES

CONSIDERATION

1. JACQUELINE FERNANDEZ
700 NW 7 Ave.
Miami, Fl. 33129

\$ 500.00

8. JACQUELINE FERNANDEZ is hereby designated as the Registered Agent for the corporation and 700 NW 7 Ave.

Miami, F1.33129 its address.

IN WITNESS WHEREOF, the undersigned hereby subscribe to this Certificate of Incorporation at Miami, Florida this 28 day of MAY, 1998, for the uses and purposes aforesaid.

X Felder

CERTIFICATE OF DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA NAMING AGENT UPON WHOM PROCESS MY BE SERVED.

In compliance with Section 28.091, Florida Statutes, the following is submitted:

desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at the City of Miami, State of Florida, has named TACQUELINE TERMANUEZ located at 700 NW TAVE, MIAMI Florida, as its Agent to accept service of process within Florida.

CORPORATE OFFICER

TITLE PRESIDENT

DATE MAY 28-1998

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

PESTDENT AGENT

May 71

ECRETARY OF STAT