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98 JUN -B AM 9: 11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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SUBJECT:	-FORT	(AUDERDALE	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 :

□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate			
		ADDITIONAL CO	PY REQUIRED			
FROM: JAMIE S, MAHONEY Name (Printed or typed)						
605 S.W. 5TH PLACE, SUITE 2						
\exists	ORT CAUPERDAL City, 1	E, FL 333, State & Zip	12			

Daytime Telephone number

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

P.Hall

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

ARTICLE I NAME

The name of the corporation shall be:

FORT LAUDERDALE MARINE, INC.

ARTICLE II PRINCIPAL OFFICE

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

605 S.W. 5TH PLACE, SUITE Z. FORT CAUDENDALE, FL 33312

ARTICLE III SHARES

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

100 SHARES - 1.00 EACH

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

JAMIE S. MAHONEY 605 S.W. 574 PLACE, SUITEZ FORT LAUDENDALE, FL 33312

ARTICLE V INCORPORATOR

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

JAMIE S. MAHONEY 605 S.W. 5+4 PLACE, SUITEZ FONT CAUDERDALE, FL 83312

Signature/Incorporator

Deta

(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 position of registered agent

Signature/Registered Agent /

Date