## THUSING SETTING 55667

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

\*\*\*\*131.25 \*\*\*\*131.25

MASTER MARINE ENGINEERING CORP.

(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

**□** \$78.75

Filing Fee

Filing Fee

& Certificate

□\$122.50

**□** \$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: SOTIRIS MASTOROPOULOS

Name (Printed or typed)

15190 SW 49 CT
Address

1 - 954 - 434 4110

Daytime Telephone number

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

JN 6-22-98

## 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.

ARTICLE I NAME

The name of the corporation shall be:

MASTER MARINE ENGINEERING

CORPETATE

ARTICLE II PRINCIPAL OFFICE

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

15190 SW 49CT DAVIE FL 33331

ARTICLE III SHARES

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

FIVE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

SOTIRIS MASTOROPOULOS. 15190 SW 49CT., DAVIE FL 33331

ARTICLE V INCORPORATOR

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

SOTIRIS MASTORO POULOS 15190 SW 49 CT., DAVIE FL 33331

Signature/Incorporator

DUNE-16-1998

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 position as registered agent

Signature/Registered Agent

MNE 16-1858

Date