

PA8000090629

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

FILED
98 OCT 23 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Complete Docking INC.
(Proposed corporate name - must include suffix)

300002670783-3
-10/23/98-01017-002
*****88.00 *****88.00

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 of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Donovan Simpson
Name (Printed or typed)

16331 NW 17ct
Address

OPA-LOCKA FL 33054
City, State & Zip

305-628-3945
Daytime Telephone number

P. Hall
OCT 23 1998
(2)

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

ARTICLES OF INCORPORATION

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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: **Complete Docking inc.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: **16331 NW 17ct
OPA- Lockha FL 33054**

ARTICLE III SHARES

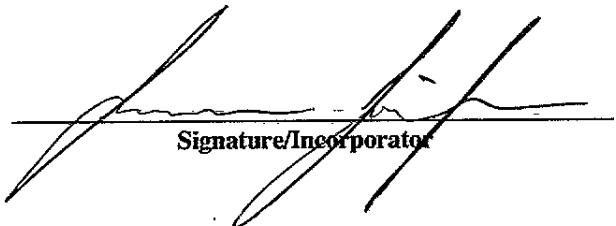
The number of shares of stock that this corporation is authorized to have outstanding at any one time is: **1**

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: **Donovan Simpson
16331 NW 17ct
OPA Lockha FL 33054**

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are: **Donovan Simpson
16331 NW 17ct
OPA Lock FL 33054**



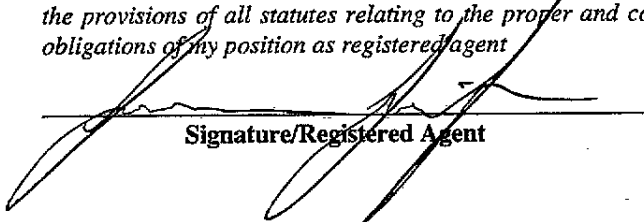
Signature/Incorporator

10/12/98

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

10/12/98

Date