# P99000099626

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

200002819942--8 -03/26/99--01062--023 \*\*\*\*\*78.75 \*\*\*\*\*\*78.75

Enclosed is an origina	al and one(1) copy of the articles	of incorporation and a c	check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	ROD WALLACE Name (Pr	inted or typed)	<u></u>	
5133 W CLIFTON Address  Address				
	TAMPA PC, City,	33634 State & Zip	NSSEE	THE S
	813 884-710 Daytime Te	elephone number	FLORIDA	

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

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## 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:

SEAFAB INC.

### ARTICLE II PRINCIPAL OFFICE

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

5135 W. CLIFTON TAMPA FL. 33634

ARTICLE III SHARES

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

1000

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

ROD WALLACE 5133 WCLIFTON

TAMPA FL. 33634

### ARTICLE V INCORPORATOR

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

ROD WALLACE

5133 W. CLIFTON

TAMPA FL 33634

Signature/Incorporator

3/22/99 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

Date