P9900045499

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

SUBJECT: RIRAMID MALINE	E TNC rate hame - must include suff	C \	<u> </u>	-
Enclosed is an original and one(1) copy of the articles	10	00002879 -05/19/990 ****236.25	781- 10330 *****	
□ \$70.00 □ \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL COF	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
20013 SANCE 20013 SANCE AN 13 WILL AN 13 WILL City, S City, S City, S City, S	TE(SECRETARY OF STATE TALLAHASSEE, FLORIDA	99 MAY 19 PM 12: 15	APPROVED

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

asc 5/19

ARTICLES OF INCORPORATION

NAME

ARTICLE I

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

The name of the corporation shall be:			
PYRAMID MARINE, ILC.	SECH	74H 66	
ARTICLE II PRINCIPAL OFFICE	医	19	1
The principal place of business and mailing address of this corporation shall be:	88 F		
20013 SANCRAFT AVE	m <u>e</u>	7	O'
PORT CHARLOTTE FL 33952	SE S	PM 12:	
role conconc re sign	受訊	U I	
ARTICLE III SHARES	مستند		
The number of shares of stock that this corporation is authorized to have outstanding at any one	time is:		
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: TALAN MICHAEL 200 3 Sancraft Aug PT. CHARLOTTE, FL 3395 ARTICLE V INCORPORATOR	·		¢
The name and address of the incorporator to these Articles of Incorporation are:		ē ē	
STA CALL VILLEY			
20013 Sancraff AVE			
PORTCHARDTE FL 3395			
(A) 5-19-99			
Signature/Incorporator Date			

(An additional article must be added if an effective date is requested.)

certificate, I hereby accept the appointment as registered ag	of process for the above stated corporation at the place designated in this ent and agree to act in this capacity. I further agree to comply with the
provisions of all statutes relating to the proper and compl	ete performance of my duties, and I am familiar with and accept the
obligations of my position af registered agent	_
obligations of my position as registered agent	5-19-99
Signature Registered Agent	Date