

TRANSMITTAL LETTER

\*\*\*\*\*78.75 \*\*\*\*\*78.75

T. SMITH JUN 11 1999

ARTICLES OF INCORPORATION

OF

Stuart Diving Company, Inc.

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ARTICLE I NAME

The name of the corporation shall be:

Stuart Diving Company, Inc.

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ARTICLE II PRINCIPAL OFFICE

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

4971 SE Great Pocket Trl  
Stuart, Florida 34997

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ARTICLE III CAPITAL STOCK

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

2000

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99 JUN -9 AM 9:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:


Michael D. Coker  
4971 SE Great Pocket Trl  
Stuart, Florida 34997

ARTICLE V INCORPORATOR

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

Michael D. Coker  
4971 SE Great Pocket Trl  
Stuart, Florida 34997

The undersigned has executed these Articles of Incorporation  
this 8<sup>th</sup> day of JUNE 19 99.

  
\_\_\_\_\_, Incorporator

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is:

Stuart Diving Company, Inc.

2. The name and address of the registered agent and office is:

Michael D. Coker  
4971 SE Great Pocket Trl  
Stuart, Florida 34997

Signature: *Michael D. Coker*

Title: *President*

Date: *6/8/99*

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: *Michael D. Coker*

Date: *6/8/99*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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