PHONE NO. :

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SECRETARY OF STATE ALLAHASSEE. FLORIDA

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

SUBJECT: <u>Environmental</u> manine Recovery inc.

(Proposed corporate name - must include suffix)

100002914111--5 -06/24/99--01050--004 *****87,50 *****87,50

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee

□ \$78.75 Filing Fcc

& Certificate of Status

□\$78.75

፭ \$87.50

Filing F

& Certified Copy

Filing Fee.

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: Christopher Colansso

10 Disease Days Keyl

Address

Clonicly 33037 City, State & Zip

305 253 0799

Daytime Telephone number

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

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:

environmental marine Recovery inc.

ARTICLE II PRINCIPAL OFFICE

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

LO pigeon Drive Key Largo Florida 33037

ARTICLE III SHARES

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

par Value \$1,00 per Shave

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: ChwistoPher L. Colarusso

lo pigeon brive

Key Largo Flu 33037

INCORPORATOR ARTICLE V

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

Christopher Li Colarusso 10 pigeon brive Key Largo FlA

6-21-89

Signature/Incorporator

(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 cextificate, Thereby accept the appointment as registered ugent 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 6-21-99

Signature/Registered Agent