

TRANSMITTAL LETTER

P 99 0000 80269

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

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-09/03/99--01097--006
*****78.75 *****78.75

Tech-Marine, Inc.

SUBJECT:

(Proposed corporate name - must include suffix)

99 SEP -3 AM 10:00

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Dale Anthony
Name (Printed or typed)

6540 NW 1st Street
Address

MARGATE, Florida 33063
City, State & Zip

954-609-5089
Daytime Telephone number

F. CHASSIN SEP 10 1999

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:

Tech-MARINE, INC.

ARTICLE II PRINCIPAL OFFICE

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

5491 NW 15th Street #20
MARGATE, Florida 33063

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

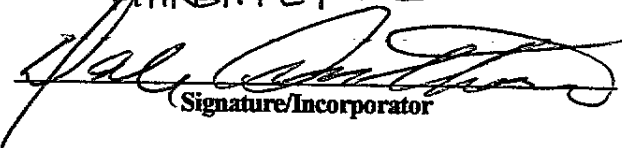
The name and Florida street address of the initial registered agent are:

Dale Anthony
6540 NW 1st Street
MARGATE, Florida 33063

ARTICLE V INCORPORATOR

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

Dale Anthony
6540 NW 1st Street
MARGATE, Florida 33063


Signature/Incorporator


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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED