

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

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SUBJECT: Virtual Marine Enterprises Inc. (Proposed corporate name - must include suffix)							
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\$70.00 Filing Fee	iling Fee Filing Fee Filing Certificate of Status & Certified Copy Certified & Certified Copy Certified		\$87.5 Filing F Certifie & Certi Status	60 Tee, d Copy ficate of			
FROM:	Christopher R. Dugan Name (Printed or typed)				-		u de.
	659 Spinnaker Court Address				₹ -		- =
	Wellington, F City, S 561-791-3689 Daytime Tel	1. 33414 tate & Zip ephone number		TA1	FILED 99 SEP 20 PM 3. 45		- - - - - - -

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

159/22/99

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:

Virtual Marine Enterprises Inc.

ARTICLE II PRINCIPAL OFFICE

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

659 Spinnaker Court Wellington, Fl. 33414

MAIL TO;

PO Box 210594

414

Royal Palm Beach, Fl.

33421-0594

ARTICLE III SHARES

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

5,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRES

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

Christopher R. Dugan 659 Spinnaker Court Wellington, Fl. 33414

ARTICLE V INCORPORATOR

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

Christopher R. Dugan

PO Box 210594

Royal Palm Beach, Fl. 33421-0594

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 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