

TRANSMITTAL LETTER

P01000007998

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

400003555564--4
-01/19/01--01071--018
*****78.75 *****78.75

SUBJECT: H2O Diving & Salvage, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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 of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: H2O Diving & Salvage, Inc.
Name (Printed or typed)

P. O. Box 165485
Address

Port Everglades, FL 33316
City, State & Zip

954-764-8700
Daytime Telephone number

01 JAN 19 PM 4: 48
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Handwritten initials/signature

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: **H₂O Diving & Salvage, Inc.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Mailing Address: P. O. Box 165485
Port Everglades, FL
33316

Physical Address: 2550 Eisenhower Blvd.
Suite 203
Port Everglades, FL 33316

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Marine Services, Commercial underwater diving & salvage

ARTICLE IV SHARES

The number of shares of stock is: **1,000**

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Mary Beth Farrell, President, Secretary & Treasurer

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

2550 Eisenhower Blvd., Suite 203
P. O. Box 165485
Port Everglades, FL 33316

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Mary Beth Farrell
P. O. Box 165485
Port Everglades, FL 33316

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

M.B. Farrell

Signature/Registered Agent

1/17/01

Date

MD Farrell

Signature/Incorporator

1/17/01

Date