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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

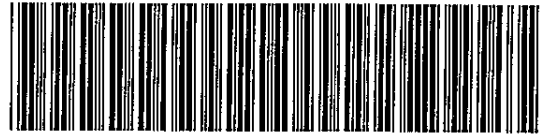
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2003 JUL 16 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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07-17-03

TRANSMITTAL LETTER

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

SUBJECT: Deerford Adventures, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Anthony Deerford
Name (Printed or typed)

3210 Bermuda Isle #1233
Address

Naples, FL 34109
City, State & Zip

239.410.6258
Daytime Telephone number

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

**ARTICLES OF INCORPORATION
OF
DUNFORD ADVENTURES, INC.**

The undersigned, for the purpose of forming a corporation under the Florida Business Corporation Act hereby adopt the following articles of incorporation:

ARTICLE I

NAME

The name of the corporation is DUNFORD ADVENTURES, INC.

ARTICLE II

DURATION

The term of existence of the corporation is perpetual.

ARTICLE III

PURPOSE

The corporation is formed to provide physical and emotions health through physical fitness activities and to transact any and all lawful business for which corporations may be incorporated under the Florida Business Corporation Act.

ARTICLE IV

CAPITAL STOCK

The aggregate number of shares which the corporation has authority to issue is 7,500, all of which shall be common shares with a par value of \$1.00.

ARTICLE V

PRINCIPAL OFFICE, REGISTERED OFFICE & MAILING ADDRESS

The principal place of business and mailing address of the corporation is 3210 Bermuda Isle Circle, Suite # 1233, Naples, FL 34109.

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ARTICLE VI
MANAGEMENT

The business of the corporation shall be managed by the stockholders of the corporation rather than by a board of directors.

ARTICLE VII
INCORPORATORS, SUBSCRIBERS, STOCKHOLDERS AND OFFICERS

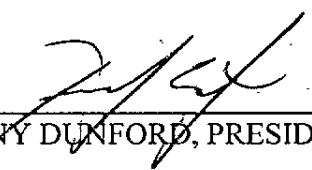
The initial subscribers, stockholders and officers are:

Anthony Dunford 3210 Bermuda Isle, #1233, Naples, FL 34109	President
	Treasurer
	Vice President
	Secretary

ARTICLES VIII
COMMENCEMENT OF EXISTENCE

The corporation shall be deemed to commence its existence when these Articles are filed with the office of the Secretary of State, State of Florida.

IN WITNESS WHEREOF, I have subscribed my name this 7th day of July, 2003.



ANTHONY DUNFORD, PRESIDENT

STATE OF FLORIDA

COUNTY OF COLLIER

On this 7th day of July, 2003, before me personally
appeared ANTHONY DUNFORD, Florida Drivers License Number
D516.005.73.042, and known to me to be the persons whose names
is subscribed to the within instrument, and acknowledged that they executed the same
for the purpose therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

C. C. Fredlund

Notary Public
My Commission Expires:



C. C. Fredlund
Commission # DD141667
Expires Sep. 13, 2006
Bonded Thru
Atlantic Bonding Co., Inc.

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHICH PROCESS MAY BE SERVED

Pursuant to the provisions of section 607.0501 or 617.0501, Florida Statutes, the following is submitted in compliance with said act:

That, desiring to organize under the laws of the State of Florida with its principal office, as indicated in the Articles of Incorporation, in the County of Collier, State of Florida, has named ANTHONY DUNFORD, located at 3210 Bermuda Isle Circle, #1233, Naples, FL 34109, County of Collier, State of Florida, as its agent to accept service of process within this State.

ACKNOWLEDGEMENT

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 proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



ANTHONY DUNFORD

7.7.03

Date

2009 JUL 16 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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