P04000108293

(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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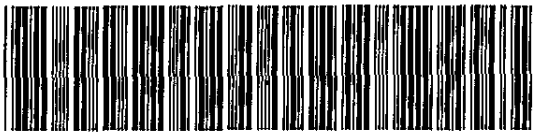

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07/08/04--01016--010 **78.75

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 JUL 22 AM 10:45

TRANSMITTAL LETTER

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

SUBJECT: TROPICAL BOAT TOURS. 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: ADAM WIECKIEWICZ
Name (Printed or typed)

14118 SW 149TH CT
Address

MIAMI, FL 33196
City, State & Zip

WORK (786) 218-3030 HOME (305) 256-2919
Daytime Telephone number

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

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 13, 2004

ADAM WIECKIEWICZ
14118 SW 149TH COURT
MIAMI, FL 33196

SUBJECT: TROPICAL BOAT TOURS, INC.
Ref. Number: W04000026661

We have received your document for TROPICAL BOAT TOURS, INC. and your check(s) totaling $78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the name and address of the registered agent in Article VI.

The registered agent must sign accepting the designation.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Document Specialist
New Filings Section

Letter Number: 604A00044591

ARTICLES OF INCORPORATION

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JUL 22 AM 10:45

ARTICLE I NAME

The name of the corporation shall be:

TROPICAL BOAT TOURS. INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

14118 SW 149TH CT
MIAMI, FL 33196

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO INTRODUCE THE BEAUTY OF SOUTH FLORIDA TO VISITORS BY PROVIDING GUIDED BOAT TOURS OFF THE MIAMI INTERCOASTAL WATERS, KEY LARGO, AND THE ATLANTIC OCEAN

ARTICLE IV SHARES

The number of shares of stock is:

10,000, NO PAR, COMMON

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ADAM WIECKIEWICZ
14118 SW 149TH CT
MIAMI, FL 33196
DIRECTOR

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

ADAM WIECKIEWICZ
14118 SW 149TH CT
MIAMI, FL 33196

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

ADAM WIECKIEWICZ
14118 SW 149TH CT
MIAMI, FL 33196

****

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

Adam Wieckiewicz
Signature/Registered Agent

07/04/04
Date

Wieckiewicz
Signature/Incorporator

07/04/04
Date