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TRANSMITTAL LETTER

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 400002990894--0 -09/20/99--01071--012 *****70.00 ******70.00

lanariassee,	1 L 02014
SUBJECT:	CAPTAINS TWO, INC.
	(proposed corporate name)
Enclosed is a for \$ 70.00	an original and one (1) copy of the articles of incorporation and our check
FROM:	Robert K. Kennett, Esq.
	Name (printed or typed)
	2001 S. McCall Road, Suite D.
	Address Englewood, Florida 34223
	City, State, & Zip
	Telephone Number

PILED
99 SEP 20 PM 1: 01
SECRUTARY OF STATE
ALL ANASSEE FI STATE

Note: Please provide the original and one copy of the Articles.

9/22/99 T.B.

FILED

ARTICLES OF INCORPORATION

99 SEP 20 PM 1:01

<u>OF</u>

SECRETARY OF STATE TALLAHASSEE. FLORIDA

CAPTAINS TWO, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE | NAME

The name of the corporation shall be:

CAPTAINS TWO, INC.

ARTICLE II PRINCIPAL OFFICE

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

Captains Two, Inc. 1855 Gulf Blvd. Englewood, FL 34223

ARTICLE III SHARES

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

10,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Irven Graham 1855 Gulf Blvd. Englewood, FL 34223

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Irven Graham Captains Two, Inc. 1855 Gulf Blvd. Englewood, FL 34223

The undersigned incorporator(s) has(have) executed these Articles of Incorporation	this
day of September, 1999. Signature	-~
Signature	
Signature	

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

_ 2. Th	ne name and address of the registered agent and office is:	99 SEP 20 SECRETAR TALLAHASS
	Irven Graham	FILEU 20 PI ASSEE
·	(NAME)	
	1855 Gulf Blvd.	1: 01 STATE
	, (P.O. BOX <u>NOT</u> ACCEPTABLE)	D
	Englewood, FL 34223	^
_	(CITY/STATE/ZIP)	

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 Irven Graham

DATE September /7 1999