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To: Division of Corporations
Fax Number : (850) 205-0381

From: Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : 120000000257
Phone : (850) 224-8870
Fax Number : (850) 224-7047

FLORIDA PROFIT CORPORATION OR P.A.
SKYDIVE SOUTHWEST FLORIDA, INC.

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CAPITAL CONNECTION

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**ARTICLES OF INCORPORATION
OF
SKYDIVE SOUTHWEST FLORIDA, INC.**

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 is **SKYDIVE SOUTHWEST FLORIDA, INC.**

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is c/o **Robert L. Feldman, Esq.**, 8900 SW 107 Ave., Suite 203, Miami, FL 33176.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one thousand (1,000) shares having a par value of (\$1.00).

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STATE OF FLORIDA
TALLAHASSEE

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ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is **Robert L. Feldman Esq., 8900 SW 107 Avenue, Miami, FL 33176.**

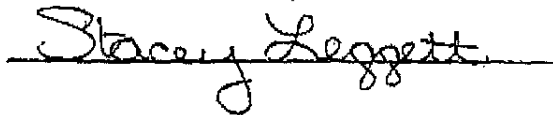
ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is **Your Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.**

ARTICLE VI: OFFICERS AND DIRECTORS

The name and address of the initial Board of Directors is **James R. West, 2655 Fernwood Lane, SW, La Belle, FL 33935.**

The undersigned has executed these Articles of Incorporation this 30th day of October 2003. Your Capital Connection, Inc., by Stacey Leggett, Client Representative

A handwritten signature in cursive script that reads "Stacey Leggett". The signature is written in black ink and is positioned above a horizontal line.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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.

1. The name of the corporation is: SKYDIVE SOUTHWEST FLORIDA, INC.

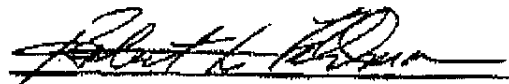
2. The name and street address of the registered agent and office is: _____

ROBERT L. FELDMAN, ESQUIRE

8900 SW 107 Avenue, Ste. 203

Miami, FL 33176

HAVE BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE 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.



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