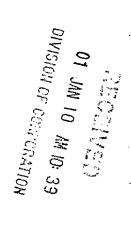
FOI 00	0000	1148
CONTACT: Lusin Knigh	CSC 201 HAYS STREET LLAHASSEE, FL 32301	TEILED IN 1. 12 JM 10 PM 1. 12 LLAMASSEE FLORIDA LLAMASSEE FLORIDA
· ·	<u>.</u>	
ACCOUNT #: 072100000032		
AUTHORIZATION: Patricia	Phinte	
AUTHORIZATION: 1atricia		. تا پاکانی واندن واندن کی واندن منتج واندن واندن پیشن رسین رسین
COST LIMIT: \$78.75	اند	00003531302-
ORDER DATE: 1-90-01 ENTITY NAME: VIKING Ody DOME	SSEY, INC.	FILING
ARTICLES OF INCORPORATION		
CERTIFICATE OF LIMITED PAR	5	
YY QUALIFICATION	- ()	
CERTIFICATE OF LLC	_	
ARTICLES OF AMENDMENT	PLEASE RETURN	
STANIPED COPY		
YY CERTIFIED COPY	ł .	_
CERTIFICATE OF GOOD STAT	NDING M	01 , 018/16/4



APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1	Viking	Odyssey, Inc.						
1. (Na	me of corpo	ration; must include the word "INCORPOR	ATE	D", "COMPANY", "CO	RPORATIO	N" or	_	•
wor	ds or abbrev	riations of like import in language as will cle	early	indicate that it is a corpo	ration instea	d of a	9	
nati	irai person o	r partnership if not so contained in the name	Çaip	resent.)		E 53	۳.	7
2. I	Delaware		_ 3		mber, if appl	<u> </u>	-	
(St	ate or counti	ry under the law of which it is incorporated))	(FEI nur	mber, if appl	icable) جرجة	20	1
4	1/5/01_	_ 	5	_ Perpetual		E.	Jan OF	
4	1/5/01 (Dat	e of incorporation)	٠	(Duration: Year corp.	will cease to	exist or "per	etcal")	<u>, </u>
	•	·						5
6	Upon	qualification acted business in Florida. If corporation has	noti	transacted business in Flo	orida insert'	unon qualifie	ration ")	•
(Dat	e first transa	icted business in Florida. If corporation has (SEE SECTIONS 607.)	1501.	607.1502 and 817.155, 1	F.S.)	apon quanti	Janon. ,	
		,				Clewist	on. FI.	33440
7	c/o Semi	nole Tribe of FLorida, Aviat			DUX JZA,	CTEMTSC		22770
		(Principal office	addr	ess)				
					iū.			
		(Current mailing	addr	ess)				
8.		inment productions						
	(Purpose	(s) of corporation authorized in home state of	or coi	untry to be carried out in	state of F <u>lor</u>	ida)		
0.31.		reet address of Florida registered age	nt.	(P.O. Boy or Mail Dro	n Box NO	E accentable	4)	
9. Na	me and sti	reet address of Florida registered age	1111.	(i.o. box of main bic	p Dox <u>110</u>	<u>L</u> uocophaone	,	
	Name:	Corporation Service Company			- 			
		TOOL Ware Charach						
Office	e Address:	1201 Hays Street		· ·	_!ক	-		
		Tallahassee		_ , Florida 32301				
		(City)		Zip o		٠.		
		(City)		* *	ŕ			
10. R	Registered .	agent's acceptance:						
Havit	ıg been na	med as registered agent and to accept	servi	ce of process for the a	bove stated	l corporation	n at the j	place
desig	nated in th	is application, I hereby accept the appo comply with the provisions of all statu	ountn	nent as registered age. Salativa to the proper o	nt ana agre	te to act in the	nis capa nce of m	euy. x n
furthi Justo	er agree to	familiar with and accept the obligation	ns o	etative to the proper a f my position as regist	ered agent.	e perjorma		,
uunes	s, una z um	Jamilia win and accept incoorgano	11.5 0	, my position as region				
~		Corporation Service Company	7 T A 7	_				
				NCOURTNEY, A	SST. V.P.			
		(Registered agen	it S Sl	gnature)				

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

. 12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: See attached officers/directors rider Address: Vice Chairman: Address: Director: ___ Address: ____ Director: Address: **B. OFFICERS** President: See attached officers/directors rider _____ Address: ____ Vice President: _____ Address: ___ Secretary: Address:

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

Assistant Secretary

14.

VikingOdyssey, Inc.

_	~~		
O	ffi	cei	rs.

			表示られ
Name	<u>Title</u>	Address	Expiration of Term
James E. Billie	President	c/o Seminole Tribe of Florida Aviation Hangar HC 61, Box 52A Clewiston, FL 33440	* Company
Peter Vedel	Treasurer	c/o Seminole Tribe of Florida Aviation Hangar HC 61, Box 52A Clewiston, FL 33440	ı *
Peter B. Gallagher	Secretary	c/o Seminole Tribe of Florida Aviation Hangar HC 61, Box 52A Clewiston, FL 33440	*
Richard D. Dionne	Assistant Secretary	73 Tremont Street Boston, MA 02108	*

Directors

Name =	Address	Expiration of Term
James E. Billie	c/o Seminole Tribe of Florida Aviation Hangar HC 61, Box 52A Clewiston, FL 33440	*
Peter Vedel	c/o Seminole Tribe of Florida Aviation Hangar HC 61, Box 52A Clewiston, FL 33440	*
Peter B. Gallagher	c/o Seminole Tribe of Florida Aviation Hangar HC 61, Box 52A Clewiston, FL 33440	*

^{*} until their successor is duly elected and shall have qualified

State of Delaware Office of the Secretary of State

PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VIKINGODYSSEY, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF JANUARY, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHIS
HAVE NOT BEEN ASSESSED TO DATE.



Herrie Smith Windson

Secretary of State

AUTHENTICATION: 0899115

DATE: 01-05-01

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