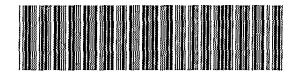
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(				
(Document Number)				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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SECRETARY OF STATE

15/13/0

## TRANSMITTAL LETTER

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

SUBJECT:	Shining Star Fishing Adventures, Inc.			
Enclosed is an origin	(PROPOSED CORPORATI			
<b>☑</b> \$70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	S78,75 Filing Fee & Certified Copy  ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate  PPY REQUIRED	
FROM: Gary L. Smith, MS, LHCRM  Name (Printed or typed)  14332 SW 134th Avenue  Address				
(305) 255-3630  Daytime Telephone number				

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

# ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S. (Not for Profit)

### ARTICLE I - NAME

The name for this not for profit organization is:

Shining Star Fishing Adventures, Inc.

# 03 OCT -8 PM 2:38 SEURETARY OF STATE TALLAHASSEE, FLORIDA

### ARTICLE II - PRINCIPAL OFFICE

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

14332 SW 134th Avenue Miami, Florida 33186

### ARTICLE III - PURPOSE

The Purpose for which the corporation is organized is:

Shining Star Fishing Adventures, Inc is dedicated to granting at "no expense" to all children with life-threatening medical conditions and physical disabilities a prearranged fishing excursion by way of a U.S. Coast Guard certified pontoon boat, an all inclusive fun-filled package including fishing equipment, food, drinks, and photographs. This adventure can improve the child's quality of life, enhance the child's hope and impact his/her future by their memories of the compassionate and caring experience they receive from this great outdoor event.

### ARTICLE IV - MANNER OF ELECTION

The manner in which the directors are elected or appointed:

The election of the Directors shall be done in accordance with the Bylaws. The Directors shall be protected from personal liability to the fullest extent permitted by law.

### ARTICLE V - INITIAL DIRECTORS/OFFICERS

The name(s), address(es) and title (s):

Gary L. Smith 14332 SW 134th Avenue, Miami, Florida 33186 – President Maria I. Smith 14332 SW 134th Avenue, Miami, Florida 33186 – Vice – President

### ARTICLE VI - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

Gary L. Smith, MS, LHCRM 14332 SW 134<sup>th</sup> Avenue Miami, Florida 33186

### ARTICLE VII - INCORPORATOR

The name and address of the Incorporator is:

Gary L. Smith, MS, LHCRM 14332 SW 134th Avenue Miami, Florida 33186 03 OCT -8 PH 2:38
SECRETARY OF STATE
TALL AHASSEE, FLORIDA

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.

Signature Register Agent

Signature/Incorporator

10/6/03 Date 10/6/03

Date