# N05000000245

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# TRANSMITTAL LETTER

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

SUBJECT:	O Chauses )	· / /	- //
Enclosed is an original	(PROPOSED CORPORA) and one(1) copy of the Artic	TE NAME - MUST INCLU	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	Second Mediporation and a second seco	\$87.50 Filing Fee, Certified Copy & Certificate
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NOTE: Please provide the original and one copy of the articles.

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## ARTICLES OF INCORPORATION In compliance with Chapter 617, F.S. for Not for Profit corporations

ARTICLE I: NAME

The name of the corporation shall be:

NO EXCUSES SAILING TEAM CORP.

ARTICLE II: PRINCIPAL OFFICE

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

1351 NE 191 Street, No.413 North Miami Beach, FL 33179

ARTICLE III: PURPOSE

The purpose for which the corporation is organized is to train individuals in the sport of sailing and participate in state or national competitions as well as international competitions.

### ARTICLE IV: ELECTION OF OFFICERS

The officers and/or directors of the corporation will be elected or appointed by the Board of Directors in their annual meeting.

### ARTICLE V: INITIAL DIRECTORS AND/OR OFICERS

The initial directors and/or officers of the corporation, and their specific titles and addresses are:

Jose Leandro Spina – President/Treasurer 1351 NE 191 St., No. 413

North Miami Beach, FL 33179

Enrique Zenderman- Secretary 1351 NE 191 St., No. 413

North Miami Beach, FL 33179

Eduardo Daniel Sinagra-Vice-Treasurer 1351 NE 191 Street, No. 413 North Miami Beach, FL 33179

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

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

Jose Leandro Spina 1351 NE 191 Street, No. 413 North Miami Beach, FL 33179

ARTICLE VII: INCORPORATOR

The name and address of the Incorporator is:

Jose Leandro Spina 1351 NE 191 Street, No. 413 North Miami Beach, FL 33179

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!

DATE: 12/29/04

Signature/Registered Agent JOSE L. SPINA

DATE: 12/29/04