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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : BERRIZ & GIRALDO P.A.
Account Number : I19990000017
Phone : (305) 485-9300
Fax Number : (305) 485-1098

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

This organization will start operating on January 1st, 2008.

FLORIDA PROFIT/NON PROFIT CORPORATION

SEA WORLD PROTECTION, INC.

Certificate of Status	0
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ARTICLES OF INCORPORATION**OF****SEA WORLD PROTECTION, INC.**

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

ARTICLE I NAME

The name of the corporation shall be:

SEA WORLD PROTECTION, INC.

ARTICLE II PRINCIPAL OFFICE

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

**5001 MAGGIORE ST
CORAL GABLES, FL. 33139**

The mailing address shall be:

**P.O. BOX 1197
KEY BISCAYNE, FL. 33149**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**THE PURPOSE FOR WHICH THE ORGANIZATION IS ORGANIZED ARE EXCLUSIVELY FOR
SEA WORLD ANIMAL PROTECTION & THE MEDITERRANEAN SEA.**

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

BY MINUTES AND BY LAWS

CLARA GIRALDO P.A.
4080 SW 84 AVE SUITE C
MIAMI, FL 33155
(305) 485-9300

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ARTICLE V

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address(P.O. Box NOT acceptable)of the registered agent is:

**MARIA VACCARE
5001 MAGGIORE ST
CORAL GABLES, FL. 33139**

ARTICLE VI

INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

**MARIA VACCARE
5001 MAGGIORE ST
CORAL GABLES, FL. 33139**

PRESIDENT

**EDUARDO DOMANIEWICZ
5001 MAGGIORE ST
CORAL GABLES, FL. 33139**

VICEPRESIDENT

The name and address of the incorporator executing these Articles of Incorporation is

**MARIA VACCARE
5001 MAGGIORE ST
CORAL GABLES, FL. 33139**

The undersigned incorporator(s) has (have) executed these Articles of incorporation this
10 day DECEMBER 2007.



MARIA VACCARE

ARTICLE VII

THIS ORGANIZATION WILL START OPERATING ON JANUARY 1ST, 2008

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

Pursuant to the provision 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.

1. The Name of the corporation is:

SEA WORLD PROTECTION, INC.

2. The Name and Address of the registered agent and office is

**MARIA VACCARE
5001 MAGGIORE ST
CORAL GABLES, FL. 33139**

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 *(Signature)*

Dated: DECEMBER 10, 2007.

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