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



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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

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COVER LETTER

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

| suвјест: <i>th</i> . | | Best Club, dar | | |
|--|--|---|--|--|
| | (PROPOSED CORPORA | TE NAME – <u>MUST INCLUDE SUFFIX</u>) | | |
| | • | | | |
| | | | | |
| Enclosed is an original | and one (1) copy of the Art | ticles of Incorporation and a check for: | | |
| \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy & Certificate | | |
| | | ADDITIONAL COPY REQUIRED | | |
| FROM: | John Psych Name (F | Printed or typed) | | |
| PO-Box 1214 Address | | | | |
| 1/22/00 5/ 34284-12/4 City, State & Zip | | | | |
| | 941-234- Daytime T | elephone number | | |
| E-mail address: (to be used for future annual report notification) | | | | |

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

ARTICLES OF INCORPORATION

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

| The name of the corp | NAME poration shall be: THE VENETIAN | BOAT CL | ub, luc. |
|---------------------------|---|------------------------------|---|
| | PRINCIPAL OFFICE | | |
| | Principal <u>street</u> address 320 LIME DRIVE NOKOMIS, FLORIDA 3 | 4276 | Mailing address, if different is: |
| The purpose for wh | PURPOSE ich the corporation is organized is: PEOM POATING ACTIVITIES, | ote Parci | ASSEC FLORIDA |
| | MANNER OF ELECTION The manner in violating vo | | |
| ARTICLE V | INITIAL OFFICERS AND/OR DIRECTOR | RS | GARY MATHIS - VICE COMMODORE 955 LAUREL AVENUE VENICE, FL 34285 |
| Name and Titl Address: | e: Mary Hewes 320 Lime Denve Wokomis, FL. 34275 | Name and Title:_ Address: _ | |
| Name and Titl Address: | e: | Name and Title:_ Address: | |
| | REGISTERED AGENT da street address (P.O. Box NOT acceptable) of MARY HENES 320 LIME DEVE NO FOMIS, FLOR DA 34 | - | is: |
| | INCORPORATOR ESS of the Incorporator is: DHU FURBURDE TON P.O. BOX 1214 VENICE, FL. 34284 | | |
| | as registered agent to accept service of proces as a siliar with and accept the appointment as registere | | |
| Υ | Required Signature of Registered Agent | <u></u> | 2/19/11 |
| I submit this docume | Required Signature of Registered Agent ent and affirm that the facts stated herein are true is taken constitutes a third degree felony as provide | ie. I am aware thai | |
| 7 | Required Signature of Incorporator | | Date |