1198000001621 TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 600002458515--2 -03/16/98--01117--013 ****131.25 ****131.25

		(Proposed corpora	ate name - must include su	ıttix)	
Enclosed is an	original and o	one(1) copy of the	ne articles of incorpo	ration and a check for :	SECRE DIVISION DIVISION DIVISION DIVISION DIVISION DI VILLE DI VIL
FROM	\$70.00 Filing Fee	2) ogen Name	& Certified Copy (Printed or typed)	\$131.25 Filing Fee, Certified Copy & Certificate	R 16 AM 8:47
·,		5700.	Address y, State & Zip Telephone number		

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

D'20, 24

ARTICLES OF INCORPORATION

The undersigned, acting as incorporator(s) of a corporation pursuant to chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

> ARTICLE I Name

The name of the corporation shall be:

SARE BOATURE INSTITUTE, INC.

ARTICLE II

Principal place of business and mailing address

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

12680 S.W. 144 TERRICE Mison, FLD. 33186

ARTICLE III

Purpose(s)

The specific purpose(s) for which the corporation is organized is(are):

TO PROMOTE SARE BOSTNE & WATER

ACTIUNTIES.

ARTICLE IV

Manner of election of directors

The manner in which the directors are elected or appointed is as follows:

The Method of Election of Directors is as stated in the bylaws!

ARTICLE V

Limitation of corporate powers

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited are as follows:

No Linsonous

ARTICLE VI

Initial registered agent and street address

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

Jogen B. Green 120 S.E. Burrowacoo Criche Soupri, RLD. 34997

ARTICLE VII

Incorporators

The name(s) and the street address(es) of the incorporator(s) for these articles of incorporation is(are):

ALVIN WEISBERG 12686 S.W. 144 FERRICE MIRM, FL. 33186

Signature of Incorporator:

Hembershing Typed name of incorporator signing

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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:	DIV	• •
SARE BODTING INSTITUTE,	98 14	ECRE I
(must include suffix)	5	
2. The name and address of the registered agent and office is:	AM 8: 4	STATE STATE
DOGEN GREEN	3	SMO
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)	LE	
STUBRE FLD. 34997 (CITY/STATE/ZIP)		

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) 3/12 · 98 (DATE)