TRANSMITTAL LETTER COOCIO SOCIO SOC

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

	(Proposed corpor	STERS OF FL rate name - must include suff	70031767181 -03/21/0001006009 *****87.50 *****87.50		
Enclosed is an origin	al and one(1) copy of the articles	s of incorporation and a cl	neck for:		
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL COP	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM: MARGARET HARRIS Name (Printed or typed)					
2620 RIVERVIEW DR BERNANDER					
	NAPLES, Fr. City, S	34112 State & Zip	HAR 20 AN 9:		

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

(3/27/00

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Flor	rida
Business Corporation Act, hereby adopts the following Articles of Incorporation.	

FILED STATE
NOTICE OF CORPORATIONS
OF MAR 20 AM 9:01

AR1	ICLE	I	NAME
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The name of the corporation shall be:

SUNKISS CHARTERS OF FLORIDA, INC

ARTICLE II PRINCIPAL OFFICE

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

2620 RIVERVIEW DR, NAPLES, FE, 34112

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 (ONE HUNDRAS)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

MARGARET HARRIS 2620 RIVERVIEW DR NAPUZZ, TE 34112

ARTICLE V' INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

MARGARET HARRIS 2620 RIVERVIEW DR NAPUES, TE 34112

Signature/Incorporator

3/15/00

Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent

Date