## (SAMPLE LETTER OF TRANSMITTAL)

DATE May 2, 2000

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

Re: OceanSiDE Hospitality LUSTITUTE, Inc.

OOMAY -5 PM 1:34
SECRETARY OF STATE
TALL AHASSEF, FLORIDA

## Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$78.75

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

700003240477---7 -05/05/00--01026--018 \*\*\*\*\*79.75 \*\*\*\*\*79.75

Amy S. Cylel-Ayer8A (Individual's Name)

Oceansion HOSPHOLINY INSTITUTE

١

MAILING ADDRESS OF CORPORATION -	
728 Dural STREET	
Key West, Fl. 3304D	
PHONE — 29  Area Code Number Ext.	
Area Code Number Ext.	

## ARTICLES OF INCORPORATION

		of		
Occansine	MOSPITALITY	Enstitute ne of corporation)	Inc	<u></u>
	(nan	ne of corporation)		•
The undersigned acting the following articles of incor	as the incorporators of a corporation for such corporation	poration under the Florida Bun:	siness Corporation A	ct, adopt(s)
Cal		I - CORPORATE NAME	rankoor	FILED
The name of the corpora			the	지유 골 드
OCEANSIDE	Hospithlity	Ehstituee	The	<u> </u>
	ARTIC	CLE II - DURATION		DA DA
This corporation shall ex	kist perpetually unless disso	lved according to Florida law		
	ARTIC	CLE III - PURPOSE		
The corporation is organ United States and the State of		aging in any activities or busi	ness permitted under	the laws of the
	ARTICLE	E IV - CAPITAL STOCK		
The corporation is author	orized to issue <u>500</u> s	hares of common stock, par v	ralue \$/	per share.
The street address of the		NITIAL PRINCIPAL OFFICE if different, the mailing addre		
STREET ADDRESS 72	28 Dune	ST Solte	> 2/	
CITY ICEY	WEST -	FLORIDA	ZIP	33040
Mailing address, if di	fferent			
STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·		— -
CITY		FLORIDA	ZIP	
The street address of		REGISTERED OFFICE AN		at the office is:
NAME TAME	6, Tleran			
ADDRESS 728	Duvre ST.	Suite 21		-
CITY NEY	WEST	FLORIDA	ZIP	330FD
				••

ARTICLE VII - INITIAL BO	DARD OF DIRECTORS	
This corporation shall have((	) directors initially. The numb	er of directors may be
either increased or diminished from time to time by the By-Laws, addresses of the initial director(s) of the corporation are as follows	but shall never be less than one (1	). The names and
addresses of the initial director(s) of the corporation are as renows	•	
NAME AMY S. CULVER - AVEVS	5A	
ADDRESS 1411 CALIFIEL STREET		-
CITY KEY WEST	STATE Fluid H	ZIP 33040
NAME JAMES GALLEVAVI		
ADDRESS 728 Duval STREET	Suite 21	,
CITY KEY WEST	STATE FlukINA	ZIP 330X/D
NAME		
ADDRESS	-	
CITY	STATE	ZIP
ARTICLE VIII - IN	CORPORATORS	
The names and addresses of the incorporators signing these Article	es of Incorporation are as follows	:
NAME AMUS. CLIVER - AVENSA		
	· · · · · · · · · · · · · · · · · · ·	,
CITY Keld West	STATE FICKIOA	ZIP 37040
(1)	1 TORSET.	
CITY Key 11)0-5	STATE ELEVILLE	ZIP 37040
NAME	TOWN AND	
ADDRESS		<del> </del>
CITY	STATE	ZIP
The undersigned incorporator(s) have executed these Article	resident the second constraints $\frac{19}{200}$	
day of,	1010	
Ann	1 Culm- Shers	A (Signature)
, or a	5 101	
	from f. M	(Signature)
	•	<b>(0)</b>

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

FILED

OD MAY -5 PM 1: 34

SECRETERS OF STATE

SECRETERS OF STATE

Oceansine Hospitality Institute Inc

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at	Pour	<del>7.</del> کـ	Suite	21	
KEY	west		_		
,	TAMES				-

located at the aforesaid address, as its registered agent to accept service of process within this state.

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)

(Date)