

Department of State
Division of Corporations
P. O. Box 27
Tallahassee, Florida 32302

PW04978

SUBJECT: PASSAGEMAKER MARINE, Inc.
(Proposed corporate name - must include suffix)

500003252505--2
-05/15/00--01115--016
*****78.75 *****78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate

\$122.50
Filing Fee
& Certified Copy

\$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

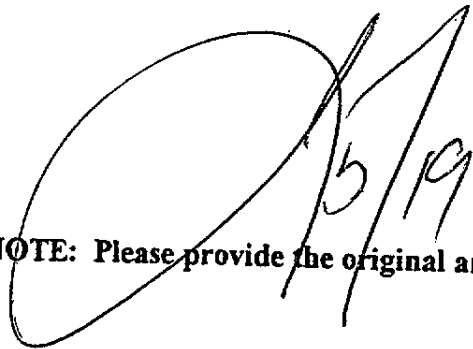
FROM: CHARLES AMANTE
Name (Printed or typed)

1401 NE 9TH STREET #17
Address

FT. LAUDERDALE, FL 33304
City, State & Zip

954-270-5060
Daytime Telephone number

00 MAY 15 PM 2:24
FILED
SECRETARY OF STATE
TALLAHASSEE FLORIDA



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

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

ARTICLE I NAME

The name of the corporation shall be: PASSAGEMAKER MARINE, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
1401 NE 9TH STREET #17
FT. LAUDERDALE, FL 33304

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:
CHARLES AMANTE
1401 NE 9TH STREET #17
FT. LAUDERDALE, FL 33304

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:
CHARLES AMANTE
1401 NE 9TH STREET #17
FT. LAUDERDALE, FL 33304



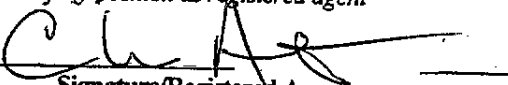
Signature/Incorporator

5/8/00

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

5/8/00

Date

FILED
00 MAY 15 PM 2:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA