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TRANSMITTAL LETTER

FILED  
JUN 13 PM 2:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

SUBJECT: PLATINUM ADVENTURES INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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 of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: SHERMAN MADRAY  
Name (Printed or typed)

4505 PARK BLVD SUITE 5  
Address

PINELLAS PARK FL 33781  
City, State & Zip

(727) 548-8227  
Daytime Telephone number

(727) 420-5253

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-06/13/00--01046--012  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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

## ARTICLES OF INCORPORATION

1. The name of the corporation shall be: Platinum Adventures Inc.
2. The principal place of business and mailing address of the corporation is:  
  
4505 Park Blvd. Suite 5  
Pinellas Park, FL 33781
3. The corporation shall have the authority to issue 1,000 share of stock.
4. The registered agent of the corporation is Sherman Madray and the registered street address is 4505 Park Blvd. Suite 5, Pinellas Park, FL 33781.
5. The initial Board of Directors shall have 2 members whose names are as follows:

1. Jerry Harrelson – President / Director
2. Sherman Madray – Vice President / Director

The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.

6. The incorporator of this corporation is Jerry Harrelson whose street address is: 2566 Oak Trail South, Apt. 115, Clearwater, FL 34624.

Dated 6-8-00

  
Incorporator

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 am familiar with and accept the obligations of my position as registered agent.

Dated 6-8-00

  
Registered Agent

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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