

TRANSMITTAL LETTER

P00000060953

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

700003295657--8  
-06/19/00--01110--008  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: MIAMI PARAGLIDING 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: ARNOLD MICHAEL  
Name (Printed or typed)  
12691 NW 11<sup>th</sup> PLACE  
Address  
SUNRISE FL. 33323  
City, State & Zip  
(954) 846-8186  
Daytime Telephone number

FILED  
2000 JUN 19 PM 6:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

AR 6/22

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be:

MIAMI PARAGLIDING INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

MIAMI PARAGLIDING INC.  
12691 NW 11<sup>th</sup> PLACE  
SUNRISE FL. 33323

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO TEACH AND ENGAGE IN THE SPORT OF PARAGLIDING

## ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ARNOLD MICHAEL  
12691 NW 11<sup>th</sup> PLACE  
SUNRISE FL. 33323

## ARTICLE VI REGISTERED AGENT

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

ARNOLD MICHAEL  
12691 NW 11<sup>th</sup> PLACE  
SUNRISE FL. 33323

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ARNOLD MICHAEL  
12691 NW 11<sup>th</sup> PLACE  
SUNRISE FL. 33323

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Date

Signature/Incorporator

Date

2000 JUN 19 PM 6:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED