POOOOOOOOO

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

Tallahassee, FL 323	14				
SUBJECT:	(PROPOSED CORPORAT	CHARTER TE NAME - MUST INCLU	DE SÚFFIX)	<u> </u>	
		. 00	07/033135-07/05/00016	1 90 - 0960 *****8	
Enclosed is an origin	al and one(1) copy of the article	s of incorporation and a cl	heck for:		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL COI	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM:	2204 Stree	rinted or typed) Address	D JUL -5 PH 3: 00 EPART CAN OF STATE ASION OF CORPORATIONS ALLAHASSEE, FLORIDA		
7	550-933-1149	State & Zip Plant State & Zip	SECRETARY OF STATE TALLAHASSEE, FLORIDA	00 JUL -5 PM 3: 14	APPHOVED

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

07-05-00

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ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) <u>ARTICLE I</u> NAME The name of the corporation shall be: SOCT ISLAND CHARTERS, INC. PRINCIPAL OFFICE The principal place of business/mailing address is: ANN 2204 SHIPLEN/ ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: CHARTER FISHING ARTICLE IV The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es): REGISTERED AGENT The name and Florida street address registered agent is: CN39911 2204 SHIRLEY ANN ARTICLE VII INCORPORATOR The name and address of the Incorporator is: WILLIAM W. GIDDENS HE 2204 SHIRLEY ANN CT TALLAHASSEE FL 32308 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