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TRANSMITTAL LETTER

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

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OOLPHIN ENTERPRISES, INC. PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX SUBJECT:

Enclosed is an original and one(1) copy of the articles of incorporation and a check for : G \$87.50 S78.75 **S78,75 \$70.00** Filing Fee, Filing Fee Filing Fee Certified Copy Filing Fee & Certified Copy & Certificate of Status & Certificate of Status ADDITIONAL COPY REQUIRED John ONORATO Name (Printed or typed) FROM: HC-3 Box 41227 (227 Kim Kove Rd. Address PORT SAINT JOSF. FL 32456 City, State & Zip) 850 - 648 - 4613 Daytime Telephone number 10 SEP -1 PM 1:1 LE TARY OF STAT FILED NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 28, 2000

JOHN ONORATO HC-3 BOX 41227 227 KIM KOVE RD PORT SAINT JOSE, FL 32456

SUBJECT: DOLPHIN ENTERPRISES, INC. Ref. Number: W00000021035

We have received your document for DOLPHIN ENTERPRISES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

You must list the corporation's principal office and/or a mailing address in the document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6928.

Tim Burch Document Specialist

Letter Number: 000A00045772

FILED 00 SEP -1 PM 1:1 SECRETARY OF STAT

ARTICLES OF INCORPORATION OF DOLPHIN AMUSEMENT, INC.

I. The name of the corporation is Dolphin Amusement, Inc.

II.

The street address of the initial registered office of the corporation is HC-3 Box 41227 (Kim Kove Road), Port St Joe, FL 32456

III. The purpose for the corporation is to form a profit corporation in the amusement industry.

IV.

The number of shares the corporation is authorized to issue is 1,000.

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Gale Onorato, HC-3 Box 41227, Port St Joe, FL 32456 – President John Onorato, HC-3 Box 41227, Port St Joe, FL 32456 – Sec./Tres.

VI.

The name and address of the initial registered agent is John Onorato, 227 Kim Kove Road, Port St Joe, FL 32456

VII.

The name and address of each incorporator is: 1. Gale Onorato, HC-3 Box 41227, Port St Joe, FL 32456

- I. Gale Onorato, HC-3 Box 41227, Port St Joe, FL 52450 President (500 shares)
- 2. John Onorato, HC-3 Box 41227, Port St Joe, FL 32456 Sec./Tres. (250 shares)
- 3. Dana Voight, HC-3 Box 41227, Port St Joe, FL 32456 (250 shares)

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation.

This _____day of August 2000 _ (Registered Agent)

(Name of Incorporator)

Michelle Corbell Y COMMISSION # CC901050 EXPIRES January 30, 2004 BONDED THRU TROY FAIN INSURANCE, INC.