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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 922-4001

From: Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

01 JAN 25 PM 4: 27  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**FLORIDA PROFIT CORPORATION OR P.A.**

**FLORIDA MOTORCYCLE ADVENTURES, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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**ARTICLES OF INCORPORATION**  
**OF**  
**FLORIDA MOTORCYCLE ADVENTURES, INC.**

**ARTICLE I - NAME**

The name of this Corporation is **FLORIDA MOTORCYCLE ADVENTURES, INC.**

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**ARTICLE II - DURATION**

The Corporation shall have a perpetual existence.

**ARTICLE III - PURPOSE**

The purpose of this Corporation is to engage in any activities or business permitted under the laws of the United States and Florida.

**ARTICLE IV - CAPITAL STOCK**

The maximum number of shares which this Corporation is authorized to have outstanding at any time is 1,000 shares of common stock having a par value of (\$1.00) dollar per share.

**ARTICLE V - CUMULATIVE VOTING**

Shareholders of this Corporation may vote their stocks cumulatively. Each shareholder shall have the total number of votes which is equal to the number of shares of stock with voting rights which such shareholder holds multiplied by the number of directors to be elected. The shareholder may give all of this votes to one candidate or distribute them among as many candidates as the

shareholder may wish. Notice must be given by any shareholder to the President or Vice President of the Corporation not less than 24 hours prior to the time set for the holding of a shareholders meeting for the election of directors that such shareholder intends to cumulate his vote at said election.

#### **ARTICLE VI - PREEMPTIVE RIGHTS**

The holders of the common stock of this Corporation shall have preemptive rights to purchase, at prices, terms and conditions that shall be fixed by the Board of Directors, those share of the common stock of this Corporation which may be issued from time to time for money, property or past services in addition to that stock authorized and issued by the Corporation. The preemptive right of any holder is determined by the ratio of the authorized and issued shares of common stock held by the holder and all shares of common stock currently authorized and issued.

#### **ARTICLE VII - PRINCIPAL OFFICE,**

##### **REGISTERED OFFICE AND REGISTERED AGENT**

The principal office and registered office for this Corporation shall be 4601 Fowler Street, Fort Myers, Florida 33907, and the registered agent of this Corporation shall be STEVEN DEWITT HOLMES, P.A. whose office address is 1505 S.E. 40<sup>th</sup> st. Cape Coral, Florida 33904, who, upon accepting this designation, agrees to comply with the provisions of Section 48.091, Florida Statutes as amended from time to time, with respect to keeping an office open for service of process.

**ARTICLE VIII - INITIAL BOARD OF DIRECTORS**

The initial Board of Directors shall consist of one (1) member. The number of directors may be increased or decreased from time to time by vote of the stockholders, but in no case shall the number of directors be less than one (1) nor more than fifteen (15).

The names and addresses of the directors constituting the initial Board of Directors are:

**NAME**

**ADDRESS**

Donn Proudfoot

4601 Fowler Street, Fort Myers, Florida  
33907

**ARTICLE IX - INCORPORATOR**

The name and street address of the person signing these Articles of Incorporation is:

**NAME**

**ADDRESS**

Steven DeWitt Holmes


1505 S.E. 40<sup>th</sup> St. Cape Coral, FL 33904

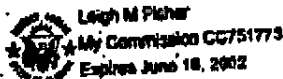
  
STEVEN DEWITT HOLMES

STATE OF FLORIDA  
COUNTY OF LEE

I HEREBY CERTIFY that on this day before me, an officer duly qualified to take Acknowledgments, personally appeared **STEVEN DEWITT HOLMES**, to me known to be the person described in and who executed the foregoing instrument and acknowledged before me that he executed the same who is personally known to me or who has produced \_\_\_\_\_ as identification.

WITNESS my hand and official seal in the County and State last aforesaid, this 26<sup>th</sup> day of January, 2001.

  
Notary Public



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My Commission Expires:

\_\_\_\_\_  
Printed Name of Notary Public

**ACCEPTANCE OF REGISTERED AGENT**

Having been named to accept service of process for FLORIDA MOTORCYCLE ADVENTURES, INC., at the place designated in the Articles of Incorporation, STEVEN DEWITT HOLMES, P.A., agrees to act in this capacity and agrees to comply with the provisions of Section 48.091 relative to keeping open such office.

Dated: 1-25-01

  
\_\_\_\_\_  
STEVEN DEWITT HOLMES, P.A.

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