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TRANSMITTAL LETTER

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

01 FEB -7 AM 9: 28

SECRETARY OF STATE
TALLAMASSEE FLORINA

& Certificate

ADDITIONAL COPY REQUIRED

SUBJECT:				
	(Proposed corp	orate name - must include suff	ix)	 .
Enclosed is an original a	nd one(1) copy of the artic	cles of incorporation and a	00036613 -02/08/0101 *****78.75 check for:	032002
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of	□\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy	

Status

FROM: _	No.		
_	Dhris Huckaba 6450 SE 186 Terr. Horriston, Fc. 32668	A	
	City, State & Zip		Los
_	Daytime Telephone number		100

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

State of Florida ARTICLES OF INCORPORATION

Pursuant to Chapter 607 of the Florida Business Corporation Act, the undersigned incorporator adopts these Articles of Incorporation for the purpose of forming a for-profit corporation.

- 1. The name of the Corporation is: Skydive Williston, Inc.
- 2. The principal place of business and mailing address of this corporation is: 2305 SW 9th Terrace Williston, Fl. 32696

3. The corporation is authorized to issue one class of stock, that being 1000 shares of no par value, common stock, with identical rights and privileges, the transfer of which is restricted according to the bylaws of the corporation.

- 4. No Director shall be held liable to the corporation or its shareholders for monetary damages due to a breach of fiduciary duty, unless the breach is a result of self-dealing, intentional misconduct, or illegal actions.
- 5. The effective date of this filing is [X] The actual date and time of filing.

[] / / at 12 o'clock PM.

6. The name and address of the corporation's initial registered agent is: Christine M. Coy-Huckaba

6450 SE 186 Terrace

Morriston, Fl. 32668

Having been named as registered agent and to accept service of process for the above named corporation at the place designated in this document, 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 I am familiar with and accept the obligations of my position as registered agent.

Signature of Registered Agent:

_____ Date: 2/2/0/

7. The name and street address of the incorporator of this corporation is: Christine M. Coy-Huckaba

6450 SE 186 Terrace Morriston, Fl. 32668

In witness whereof, the undersigned incorporator has executed these Articles of Incorporation on the date below.

Date: 2/2/01

Signature of Incorporator: AAJG-III.