

TRANSMITTAL LETTER

PD000038387

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P. O. BOX 6327
TALLAHASSEE, FL 32314

SUBJECT: Sea Fun Rentals, Inc.

200003994802--9
-04/12/01--01086--003
*****70.00 *****70.00

ENCLOSED IS AN ORIGINAL AND ONE COPY OF THE ARTICLES OF
INCORPORATION AND OUR CHECK FOR \$70.00

FROM: NAME: _____ Sea Fun Rentals, Inc.
ADDRESS: _____ 177 N. Causeway
CITY: _____ New Smyrna Beach
STATE: _____ Florida, 32169

01 APR 12 AM 8:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

T. Burch APR 17 2001

FILED

01 APR 12 AM 8:36

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION OF

ARTICLE I - NAME

THE NAME OF THIS CORPORATION SHALL BE:

Sea Fun Rentals, Inc.

ARTICLE II - PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE:

117 N. Causway

New Smyrna Beach, Fl 32169

ARTICLE III - CAPITAL STOCK

THE NUMBER OF SHARES THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS

60, NO PAR

THE NAME AND ADDRESS OF THE REGISTERED AGENT IS:

Joseph J. Scali

667 Dolores Drive

New Smyrna Beach, Fl 32168

ARTICLE V-INCORPORATORS

THE NAME(S) AND STREET ADDRESS(ES) OF THE INCORPORATOR(S)
TO THESE ARTICLES OF INCORPORATION IS (ARE):

Joseph J. Scali
667 Dolores Drive
New Smyrna Beach, Fl 32168

Patrick L. Scali
913 Lemon Road
S. Daytona, Fl 32119

THE UNDERSIGNED INCORPORATOR(S) HAS (HAVE) EXCUTED THESE
ARTICLES OF INCORPORATION THE ____1ST____ DAY OF
____APRIL____ 2001__.

SIGNATURE: *Joseph J. Scali* PRESIDENT

SIGNATURE: *Patrick L. Scali* VICE-PRESIDENT

SIGNATURE: _____

SIGNATURE: _____

CERTIFICATION OF DESIGNATION-REGISTERED AGENT/REGISTERED
OFFICE

PURSUANT TO THE PROVISIONS OF SECTIONS 607.0501 OR 717.0501,
FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED
UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING
STATEMENT IN DESIGNATING THE REGISTERED AGENT/REGISTERED
OFFICE IN THE STATE OF FLORIDA.

1. THE NAME OF THE CORPORATION IS:

Sea Fun Rentals, Inc.

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT IS:

NAME: _____ Joseph J. Scali

ADDRESS: _____ 667 Dolores Drive

CITY/STATE: _____ New Smyrna Beach, Fl 32168

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE
OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE
DESIGNATED IN THIS CERTIFICATE, 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: X 

DATE: 4/11/2001

SECRETARY OF STATE
TALLAHASSEE FLORIDA

01 APR 12 AM 8:36

FILED