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

ATCO RIVER MARINA IN C. (Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00 Filing Fee **X** \$78.75

Filing Fee

& Certificate

\$122.50

\$131.25

Filing Fee & Certified Copy Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

KENT KARPAWKU Name (Printed or typed)

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

()+5/16/01

FILED

ARTICLES OF INCORPORATION

01 MAY 10 PM 1: 41

The undersigned incorporator, for the purpose of forming a corporation under the Floria	aa	111 1 11
Business Corporation Act, hereby adopts the following Articles of Incorporation.	SECRETARY TALLAHASSEI	OF STATE
		-> 40% 07

ARTICLE		374 242
AKIILLE	4	NAME

The name of the corporation shall be:

ATLO RIVER MARINA INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

MAMI BEALH, FL 33139

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 SHARES OF COMMON STOLLAT \$1.00 PER SHARES
PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

KENT KARPAWILH 1521 ALTON ROAD # 40+, M-B PL 33139

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

KENT KARPAWICH
34 WEST SAN MARIND DR M.B FL 33139

Lat Lagel 5/2/01

Signature/Incorporator

(An additional article must be added if an effective date is requested.)

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/Registered Agent

Date