TRANSMITTAL LETTER

01 JUL 23 PM 2: 07

SEGRETATE ATATE
TALLAHASSEE, FLORIDA

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

FACE FLYIN. FISH SUBJECT: __

(Proposed corporate name - must include suffix)

100004492071 -07/23/01--01105--001

*****78.75 *****78.75

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

\$70.00 Filing Fee \$78.75 Filing Fee

& Certificate

□ \$122.50

□ \$131.25

Filing Fee

Filing Fee, Certified Copy

& Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

DARREN FISHER

Name (Printed of typed)

AIRPORT DRIVE 400 WEST

FLORIDA SEBASTIAN_

City, State & Zip

856 629

Daytime Telephone number

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

ARTICLES OF INCORPORATION

of

FISH FACE FLYIN, INC.

(name of corporation)

lersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

The name of the	cornorati	ion is:	ARTICLE .	I - CORPO	PRATE NAME	SELLEN SELLEN
The hame of the	corporati	OII 15.				
FISH F	ACE	FLYIN	, INC.			
			ARTIC	CLE II - DU	JRATION	2: 07

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 500 shares of common stock, par value -00 per share.

ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS 400 WEST AIRPORT	DRIVE		
CITY SEBASTIAN .	FLORIDA	FL	ZIP 32958
Mailing address, if different			
STREET ADDRESS			
			·
CITY	FLORIDA	-	ZIP

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME DARREN FISHER		
ADDRESS 400 WEST AIRPOR	T DRIVE	
CITY SEBASTIAN	FLORIDA	ZIP 32958.

ARTICLE VII - INITIAL.	BOARD OF	DIRECTORS	
This corporation shall have ONE (either increased or diminished from time to time by the By-Law addresses of the initial director(s) of the corporation are as follows:	vs, but shall ne		
NAME DARREN FISHER			
ADDRESS 400 WEST AIRPORT	DRIVE		
CITY SEBASTIAN	STATE	FLORIDA	ZIP 32958
NAME			
ADDRESS			
CITY	STATE	-	ZIP
NAME			
ADDRESS			
CITY	STATE		ZIP
ARTICLE VIII - I			ws:
NAME DARREN FISHER			
ADDRESS 4-00 WEST AIRPORT DRIV	Æ		
CITY SEBASTIAN	STATE .	FLORIDA	ZIP 32958
NAME			
ADDRESS	· · · · · · · · · · · · · · · · · · ·		
CITY	STATE		ZIP
NAME	<u>-</u>		
ADDRESS			
CITY	STATE		ZIP
The undersigned incorporator(s) have executed these Art day of	icles of Incom	rporation this	174
		h)	(Signature)

_ (Signature)

(Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

FILED

01 JUL 23 PM 2: 07

SECRE
TALLAHASSEE, FLORIDA

FISH	FACE.	FLYIN,	INC.		
			me of corpora	tion)	·

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, organized under the laws of the State of Florida with its registered office
as indicated in the Articles of Incorporation
at 400 WEST. AIRPORT DRIVE,
SEBASTIAN, FL 32958.
has named DARREN FISHER

has named <u>UARREN</u> FISHER located at the aforesaid address, as its registered agent to accept service of process within this state.

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)

T CALLY (Da

(Date)

Transmittal Letter

01 JUL 23 PM 2: 07

SEGNETAL STATE TALLAHASSEE, FLORIDA

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

(Proposed corporate name - must include suffix)

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Filing Fee

& Certificate

□ \$122.50

\$131.25

Filing Fee

Filing Fee,

Certified Copy & Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FISHER FROM: DARREN

Name (Printed of typed)

AIRPORT 400 WEST

SEBASTIAN FLORIDAT

City, State & Zip

629 3356.

Daytime Telephone number

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

ARTICLES OF INCORPORATION

• of
FISH FACE FLYIN, INC.
(name of corporation)
The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:
ARTICLE I - CORPORATE NAME
The name of the corporation is:
FISH FACE FLYIN, INC.
ARTICLE II - DURATION This corporation shall exist perpetually unless dissolved according to Florida law.
ARTICLE III - PURPOSE
The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.
ARTICLE IV - CAPITAL STOCK The corporation is authorized to issue 500 shares of common stock, par value \$ _0 - 10 per share.
ARTICLE V - INITIAL PRINCIPAL OFFICE The street address of the initial principal office and, if different, the mailing address is:
STREET ADDRESS 400 WEST AIRPORT DRIVE
CITY SEBASTIAN FLORIDA FL ZIP 32958
Mailing address, if different
STREET ADDRESS
CITY FLORIDA ZIP
ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT
The street address of the initial registered office and the name of the initial registered agent at the office is
NAME DARREN FISHER

ZIP 32958.

AIRPORT

DRIVE

FLORIDA

CITY SEBASTIAN

WEST

4 DOMEST P. 1777	DUTTAL DOADE	A C DIDECTOR
AKIICLE VII -	INIIIAL DUAKL	OF DIRECTORS

This corporation shall have <u>ONE</u> either increased or diminished from time to time addresses of the initial director(s) of the corpor	ne by the By-l	Laws, but shall n	tors initially. The n ever be less than or	umber of directors may be ne (1). The names and
NAME DARREN FISHER			,	
ADDRESS 400 WEST F	AIRPORT	DRIVE		***
CITY SEBASTIAN		STATE	FLORIDA	ZIP 32958
NAME				
ADDRESS				•
CITY		STATE		ZIP
NAME				
ADDRESS			-	
CITY		STATE		ZIP
NAME DARREN FISHER ADDRESS 400 WEST AIRPO	ORT D	eive		-
ADDRESS 400 WEST AIRPO			FLORIDA	77D 2 - 0 = 6
CITY SEBASTIAN		SIMIE	TLORIDA	ZIP 32958
ADDRESS		· · · · · · · · · · · · · · · · · · ·		
CITY		STATE	· · · · · · · · · · · · · · · · · · ·	ZIP
NAME				
ADDRESS			, · · · · · · · · · · · · · · · · · · ·	
CITY	······································	STATE		ZIP
The undersigned incorporator(s) have executed ay of	cuted these A	Articles of Incompany	rporation this	(Signature)
	•			(Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

FILED

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SEGAL
TALLAHASSEE, FLORINA

FISH	FACE_	FLYIN',	INC.	
		(nai	me of corporation)

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as indicated in the Articles of Incorporation	

as martane		-	•				
at 400	WEST.	AIRPORT	DRIVE,	_	,	<u></u>	
		32958		<u>-</u>	2 F		
		FISHER					
located at the	aforesaid add	ress, as its regist	ered agent to	accer	ot service	e of proce	SS:

located at the aforesaid address, as its registered agent to accept service of process within this state.

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)

17th July 2001 (Date)

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

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Filing Fee

& Certificate

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Filing Fee & Certified Copy □ \$131.25

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

DARREN FISHER FROM:

Name (Printed of typed)

AIRPORT 400 WEST

FLORIDA SEBASTIAN_ City, State & Zip

629 3356 856

Daytime Telephone number

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

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Mailing address, if different
STREET ADDRESS
CITY FLORIDA ZIP
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ddresses of the initial director(s) of the co	orporation are	as follows	:		
NAME DARREN FISHER					
ADDRESS 400 WEST	AIRPOR	T DA	live		
CITY SEBASTIAN		<u>-</u> -	STATE	FLORIDA	ZIP 32958
NAME					
ADDRESS					·
CITY			STATE		ZIP
NAME					
ADDRESS					
				·	
CITY			STATE		ZIP
CITY	A RTICLE	VIII - ING		ATORS	ZIP
	ARTICLE		CORPOR		
The names and addresses of the incorpora			CORPOR		
The names and addresses of the incorporation NAME DARREN FISHER	ators signing t	hese Articl	CORPOR es of Inco		
The names and addresses of the incorporation NAME DARREN FISHER ADDRESS 400 WEST A	ators signing t	hese Articl	CORPOR	rporation are as follo	ows:
The names and addresses of the incorporation NAME DARREN FISHER	ators signing t	hese Articl	CORPOR		
The names and addresses of the incorporation NAME DARREN FISHER ADDRESS 400 WEST A	ators signing t	hese Articl	CORPOR	rporation are as follo	ows:
The names and addresses of the incorpora NAME DARREN FISHER ADDRESS 400 WEST A CITY SEBASTIAN	ators signing t	hese Articl	CORPOR es of Inco	rporation are as follo	ZIP 32958
The names and addresses of the incorpora NAME DARREN FISHER ADDRESS 4-00 WEST A CITY SEBASTIAN NAME	ators signing t	hese Articl	CORPOR	rporation are as follo	ows:
The names and addresses of the incorporation of the	ators signing t	hese Articl	CORPOR es of Inco	rporation are as follo	ZIP 32958
The names and addresses of the incorporation of the	ators signing t	hese Articl	CORPOR es of Inco	rporation are as follo	ZIP 32958

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

FILED

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SECKL
TALLAHASSEE, FLORIDA

FISH	FACE.	FLYIN',	INC.	<u>,</u>
		(nai	ne of corporation)	

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(Signature)

17th July 2001 (Date)