POLOGOS SAMPLE LETTER OF TRANSMITTAL) 68

DATE

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

600005307956--- E -04/19/02--01040--015 ******78.75 ******78.75

PARACAILING

Re: LET'S GO PARASAN CO., Inc. (Name of Corporation)

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$78.75

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

The State of PARASALLING

(Name of Corporation)

MAILING ADDRESS OF COR	PORATION —
	#0
16 950 NORTH B	AY Rd. 905
SUNNY ISLES, FL	33160
•	
PHONE -	
(305) 949-7247	
(305) 949 - 7242 Area Code Number	Ext.

ARTICLES OF INCORPORATION

οf

LET'S GO PARASAILING CO.

(name of corporation)

ARTICLE I - CORPORATE NAME

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 u	ne corporation is:				-4.0	Q	
	LETG	6 60	PARASAI	LING C	O, PE	2 7	
				_		70 1	
		ARTI	CLE II - DURAT	ION			
This corporation	on shall exist perpe	tually unless disso	olved according	to Florida law.	FLOKI	PILTU	. .3
		ARTI	CLE III - PURP	OSE	<u> </u>	×	
The corporation United States and the	on is organized for t ne State of Florida.	he purpose of eng	gaging in any act	ivities or busin	ess permitted und	ler the laws of	f the
The corporation	on is authorized to is	ARTICL ssue 500	E IV - CAPITAL	STOCK	lue\$	o per sh	are.
The street add	ress of the initial pr		INITIAL PRINCE , if different, the		ss is:		
STREET ADDRES	s 16950	NORTH	BAY Rd	1, # 906			
CITY		I ISLES	BEACH FLOI	RIDA	ZIP	33160	
Mailing addr	ress, if different						
STREET ADDRES	3		_	 · · · · · · · · · · · · · · · · · ·			
CITY			FLO	RIDA	ZIP)	
	ARTICI	LE VI - INITIAL	REGISTERED	OFFICE AN	D AGENT		
The street ad	dress of the initial	l registered offic	e and the name	of the initial	registered agent	t at the office	e is:
NAME	STEVEN	GRES HAI	И				

33160

ZIP

ADDRESS

CITY

FLORIDA

÷ _	,					F DIRECTORS		
either increas	poration shall ha ed or diminished the initial director	from time to tir	ne by the B	y-Laws, b	ut shall i	ctors initially. The nu never be less than one	mber of de (1). The	lirectors may be names and
NAME	STEVEN	I GRE	SH AM					
ADDRESS	16950	NORTH	BAY	Rd.	#90	25		
CITY	SUNNY	ISLES	,		STATE	r5 FLORIDA	ZIP	33160
NAME	,							
ADDRESS								
CITY					STATE		ZIP	
NAME								· · · · ·
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CITY					STATE		ZIP	
NAME ADDRESS		-				rporation are as follows 105 FLORI DA		
	16 950	NORTH	BAY	Rd.	#9	05		
CITY	SUNNY	ISLES			STATE	FLORI DA	ZIP	33160
NAME								
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CITY				· · · · · ·	STATE	· · · · · · · · · · · · · · · · · · ·	ZIP TH	
	gned incorporat						15 "	
day of	APRIL			, ‡3	= 200	<u>2</u> .		·
					Sta	Guel		(Signature)
							,	(Signature)
								(Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

FILED

02 APR 19 AM 10: 09

SEGNA JA OLI STATE TALLAMASSEE, FLORIDA

LET'S	60	PARASAILING	Co.	
	(name c	of corporation)		

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 register	ed office
as indicated in the Articles of Incorporation	
at 16950 NORTH BAY Rd #905	
CHAIN THE PEACE FLORING 37110	

has named <u>STEVEN GRESHAM</u>

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)

4-15-02 (Date)