P0300037804

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
D. WHITE APR - 3 2003				

Office Use Only



200014778252

03/28/03--01035--089 **78.75

O3 HAR 28 PM 4: 16

TRANSMITTAL LETTER

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

SUBJECT: Big	Sky kitesurfing Inc.			
-	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	d a check for:	
□ # ~ 0.00	⊠ ego gs			
\$70.00	☑ \$78.75	□ \$78.75	□ \$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy	
			& Certificate of	
			Status	
		ADDITIONAL CO	PY REQUIRED	
FD 0.1	Eric Wynne			
FROM:	Name (Printed or typed)			
	Name (Filmed or typed)			
	8000 S. U.S.1 Port St. Lucie Suite 402			
	Address			
	Port St. Lucie Fl. 34952			
	City, State & Zip			
	(772) 201-7572			
•	Daytime Telephone number			

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

03 MAR 28 PM 4: 16

SECRETARY OF STATE TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Big Sky Kitesurfing Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Suite 402 8000 S. U.S.1 Port St. Lucie Fl. 34952

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For profit

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Eric Wynne Suite 402 8000 S. U.S.1 Port St. Lucie FI. 34952 President

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Eric Wynne Suite 402 8000 S. U.S.1 Port St. Lucie Fl. 34952

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Eric Wynne Suite 402 8000 S. U.S.1. Port St. Lucie Fl. 34952

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator

Signature/Incorporator

Signature/Incorporator

Date