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(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:	•				
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)				
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)				
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)				
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Certified Copies Certificates of Status	(Business Entity Name)				
	(Document Number)				
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	Special Instructions to Filing Officer:				
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03 APR 18 AM ID: 03 SECRETARY OF STATE

94/L

TRANSMITTAL LETTER

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

SUBJECT: Sa	iling Systems Inc.		
	(PROPOSED CORPOR	TE NAME – <u>MUST INC</u> L	UDE SUFFIX)
m 1 1 .	• 1 1 (1) 64		
Enclosed are an ong	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
□ \$70.00	\$78.75	□ \$78.75	2 \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
-	& Certificate of Status	& Certified Copy	Certified Copy
		,	& Certificate of
			Status
		ADDITIONAL CO	PY REQUIRED
		Fundamental Control	· · · · · · · · · · · · · · · · · · ·
FROM:	Jan Gabriel Blom		· · · · · · · · · · · · · · · · · · ·
	Name	(Printed or typed)	
	8500 SW 120 ST		
•	Address		
-	Miami, FL 33156		
	City, State & Zip		
	305-773-6147		
-	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)

ARTICLE I NAME

The name of the corporation shall be:

Sailing Systems Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

8500 SW 120 ST Miami, FI 33156

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of FLorida, or any other state, country, territory or nation.

ARTICLE IV SHARES

The number of shares of stock is:

2,000 @ Par. \$.01

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Jan Gabriel Blom

President, Vice President, Secretary, Treasurer

8500 SW 120 ST Miami, FI 33156

ARTICLE VI REGISTERED AGENT

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

Jan Gabriel Blom 8500 SW 120 ST Miami, FI 33156

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jan Gabriel Blom 8500 SW 120 ST Miami, Fl 33156

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

O4/16/03

Date

O4/16/03

Signature/Incorporator

Date

O3 APR 18 AM 10: 03
SECRETARY OF STATE