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TALLAHASSEE, TLORID.

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**Charter Number Only** 

VALIDATION

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Requestor's Name Address ZIP State

CORPORATION(S) NAME

City

Verifier

Acknowledgment

W.P. Verifier

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BROKE	RAGIE É CITUR	ters, INC.
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( Profit	· · · · · · · · · · · · · · · · · · ·	** ***
( ) NonProfit	( ) Amendment	( ) Merger
( ) Foreign	( ) Dissolution	( ) Mark
( ) Limited Partnership	( ) Annual Report	( ) Other
( ) Reinstatement	( ) Reservation	( ) Change of Registered Agent
Certified Copy	( ) Photo Copies	( ) Certificate Under Seal
( ) Call When Ready	( ) Call If Problem	( ) After 4:30
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## ARTICLES OF INCORPORATION

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

of

04 AUG 25 AM 11: 18 AVENTURA HCS YACHT BROKERAGE & CHARTERS, INC. (name of corporation) The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida. ARTICLE I - CORPORATE NAME The name of the corporation is: AVENTURA HCS YACHT BROKERAGE & CARTERS, 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 one hundred \_\_\_shares ( 100 ) of \_\_\_One par value Common Stock, which shall be designated "Common Shares". Dollar(s) (\$ ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is: Claudia Jo Willis, Esquire NAME 600 Northeast Third Avenue ADDRESS Fort Lauderdale CITY **FLORIDA** 33304 ZIP

**FLORIDA** 

The principal office, if known, or the mailing address of the corporation is:

P.O. Box 906

Aventura

NAME

CITY

ADDRESS

Aventura HCS Brokerage & Charters, Inc.

ZIP 33180 Daily Business Review - 07/94

3	ARTICLE	VI - INITIAL BOARD OF DIRECTORS	
increased or	tion shall haveone diminished from time to time by the director(s) of the corporation are	directors initially. The number the By-Laws, but shall never be less than one (1 as follows:	of directors may be either ). The names and addresses
NAME	Jeannie Stofman	-	
ADDRESS	P.O. Box 906	-	
CITY	Aventura	STATE Florida	ZIP 33180
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME ADDRESS	Jeannie Stofman P.O. Box 906		
CITY	Aventura	STATE Florida	ZIP 33180
NAME		5.1112	211 00200
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS	·		
CITY		STATE	ZIP
	S WHEREOF, the undersigned sugust 200,4	bscriber(s) have executed these Articles of Inco	(Seal)
			(Seal)

# CERTIFICATE AND KNOWLEDGEMENT OF REGISTERED AGENT

### CERTIFICATE OF REGISTERED AGENT OF

AVENTURA HCS BROKERAGE & CHARTERS, INC.	OH AUG	SECRETA ALLAHA
(name of corporation)	.55	SSE
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Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at	600 Northeast Third Avenue
	Fort Lauderdale, Florida 33304
has na	med Claudia Jo Willis, Esquire
locate	d at the aforesaid address, as its Registered Agent to accept service of process within
this st	ate.

### **ACKNOWLEDGEMENT**

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

(registered agent)