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To:

Division of Corporations

Fax Number

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From:

Account Name : FAS-T CORF. AGENTS, INC.

Account Number: 071001002335 Phone: (305)599-0839 Fax Number: (305)716-0346 SLUARTARY OF STAIL
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FLORIDA PROFIT CORPORATION OR P.A.

OSPREY ECO TOURS, INC.

Certificate of Status	0
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Estimated Charge	\$78.75

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J. Shivers APR 15 2005

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ARTICLES OF INCORPORATION

OSPREY ECO TOURS, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE L NAME

The name of the corporation shall be: OSPREY Eco Tours, INC.

The principal place of business of this corporation shall be:

6265 WHIP-D-WILL LANC, STClOUD, FL 34771

ARTICLE II NATURE OF BUSINESS

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 III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one timed is: IND SHARES AT \$1,000. PAR VALUE

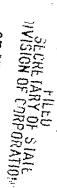
ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

(P) Douglas E. BROWN 6265 Whip-O-WILLANE ST Cloud, FL 34771



ARTICLE VI INCORPORATORISI

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

DOUGLAS E, BROWN 6265 WHIP-O-WILL LANE STCloub, FC 34771

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this 13 day of APRIL 2005

Signature(s) of incorporator(s)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

The name and add	reas of the registered i	agent and office is:	
Do	UGRAS E,	BROWN	
	(NAME)		G.
626	5 WHIP-O	-WILL LI	ANE P
. 	(P.O. BOX NOT ACCE	,	=
SAIN	T CLOUP	FL. 347	117/ P

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

71-7*1*11 2-4m

DATE

4/13/05