## P05000059514

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SECRETARY IN STATE

## TRANSMITTAL LETTER

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

SUBJECT:	KNO+ Rig	ht Marte TENAME-MUSTINCE	OFS, INC.
Englaced are an original	rinal and one (1) copy of the art	icles of incorporation and	la check for
\$70.00 Filing Fee	\$78.75 Filing Fce & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	LNOT RIG Name	OHE CHAPE (Printed or typed)  (BF 14/85 K) Address	1845, INC 140.
	Olearwa Locity  Davime	State & Zip  - 198 - 880  Telephone number	31465 02

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

ARTICLES OF INCORPORATION	يعالم والمراجع المراجع			
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	FILED SECRETARY OF SINTE			
	SECRETARY OF STATE TALLAMASSET, THEOLOG			
ARTICLE I NAME The name of the corporation shall be:	05 100 10 DM 0-17			
<u> </u>	05 APR 18 PM 2: 47			
Knot Right Charters, Inc.				
ARTICLE II PRINCIPAL OFFICE				
The principal place of business/mailing address is:				
1696 N. HERQUIES AY.				
C18Arwater, H. 331165				
ARTICLE III PURPOSE				
The purpose for which the corporation is organized is:				
BOAT CHAPTERS				
ARTICLE IV SHARES				
The number of shares of stock is:				
100				
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS				
List name(s), address(es) and specific title(s):				
Guy P. Lunnen				
1696 N. HER Cules Dr.				
C/EAT-WATER, S1. 33765				
ARTICLE VI REGISTERED AGENT				
The name and Florida street address (P.O. Box NOT acceptable) of the re	gistered agent is:			
Oug P. Alinnen				
1696 N. Herquies HV.				
(118AM) LEF , CH. 33765				
The name and address of the Incomposition				
The name and address of the Incorporator is:				
USON ARRANIES AVE.				
Alland NALVE MI DAMIN				
#*************************************	*********			

Haying 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 end accept the appointment as registered agent and agree to act in this capacity #/13/05 Date Signature/Registered Agent

Śignature/Incorporator