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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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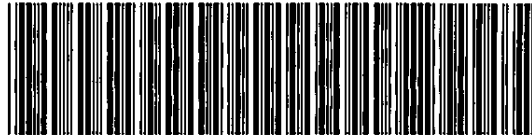
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

J. Shivers  
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2007 JUL 30 2007

**COVER LETTER**

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

SUBJECT: SNAPPER HEAD FISHING CHARTERS  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00  
Filing Fee

\$78.75  
Filing Fee  
& Certificate of Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Richard Occhipinti  
Name (Printed or typed)

9247 EDMONT LN.  
Address

BOCA RATON FL 33434  
City, State & Zip

561-441-4874  
Daytime Telephone number

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**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:

SNAPPERHEAD FISHING CHARTERS INC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

9247 EDGE MONT LN  
BOCA RATON FL, 33434

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

COMMERCIAL + CHARTER FISHING

**ARTICLE IV SHARES**

The number of shares of stock is:

~~100~~ 1 ONE

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

RICHARD T. OCCHIPINTI  
PRESIDENT  
OWNER + OPERATOR

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

RICHARD T. OCCHIPINTI  
9247 EDGE MONT LN. BOCA RATON FL; 33434

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

RICHARD T. OCCHIPINTI  
9247 EDGE MONT LN  
BOCA RATON, FL. 33434

\*\*\*\*\*  
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

*Richard T. Occhipinti*

Signature/Registered Agent

7-16-07

Date

*Richard Occhipinti*

Signature/Incorporator

7-16-07

Date