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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : CSH SERVICES, LLC
Account Number : 120070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

BEST BREAK TOURS INCORPORATED

Certificate of Status	0
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DIVISION OF CORPORATION

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Corporate Filing Menu

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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:

BEST BREAK TOURS INCORPORATED

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

112 WHITE CAP WAY
PANAMA CITY BEACH, FLORIDA 32407SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

100 COMMON SHARES PAR VALUE \$1.00

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is/are:

PRESIDENT
1636225 ONTARIO INC.
3425 HARVESTER ROAD, STE 209
BURLINGTON, ONTARIO L7N 3N1 CANADA

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PAGE 2 BEST BREAK TOURS INCORPORATED

ARTICLE VI REGISTERED AGENT

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

SHANNON POSAVAD
112 WHITE CAP WAY
PANAMA CITY BEACH, FLORIDA 32407

ARTICLE VII INCORPORATOR

The name and Florida street address of the Incorporator is:


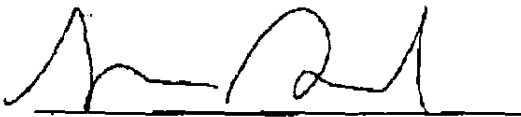
SHANNON POSAVAD
3425 HARVESTER ROAD, STE 209
BURLINGTON, ONTARIO L7N 3N1 CANADA

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TALLAHASSEE, FLORIDA


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.



SHANNON POSAVAD / Registered Agent


Date

SHANNON POSAVAD /Incorporator


Date

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