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2010 MAR - 1 PM 1: 55

SECRETARY OF STALL

TRANSMITTAL LETTER

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

SUBJECT: TRA	NQUILITY EXCURSIONS II	NC. TE NAME – MUST INCL	Ime Surrey	
	(FROFOSED CORFORA	TE NAME - MOST INCL	ODE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: G	ary Porter	(Printed or typed)		
P.O.Box 360439				
Melbourne, Fl 32936-0439				
City, State & Zip 321-890-4981				
Daytime Telephone number				

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

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SECRETARY OF STATE

2010 MAR - 1 PM 1:55

ARTICLE I NAME

The name of the corporation shall be: TRANQUILITY EXCURSIONS INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 4919 Sparkling Pines Circle, Ft. Pierce, Fl 34951

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

to provide sailing charter services and to provide any ancillary or other services related thereto. The corporation may also engage in any other activity or conduct which a corporation is allowed under the laws of the State of Florida.

ARTICLE IV **SHARES**

The number of shares of stock is:

10 authorized shares of Common Stock, \$0.01 par value

INITIAL OFFICERS AND/OR DIRECTORS

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

Director, President and Treasurer: Gary Porter, P.O.Box 360439, Melbourne, Fl 32936-0439

Director, Vice President and Secretary: James M. Bureau, 4919 Sparkling Pines Circle, Ft. Pierce, Fl 34951

ARTICLE VI REGISTERED AGENT

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

James M. Bureau, 4919 Sparkling Pines Circle, Ft. Pierce, Fl 34951

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Gary Porter, P.O.Box 360439, Melbourne, FI 32936-0439

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

Signature/Registered Agent

Signature/Incorporator

 $\frac{2-24-2010}{\text{Date}}$