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COVER LETTER

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

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SUBJECT: Blue Water Drifters, Inc.		
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)	
Enclosed are an original and one (1) copy of the art	icles of incorporation and a check for:	
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status	
	ADDITIONAL COPY REQUIRED	
FROM: <u>Justin McClelland</u> Name	e (Printed or typed)	
P.O. Box 2277	Address	
Stuart, Florida 34995 City,	State & Zip	
(443) 949-6206 Daytime T	elephone number	
mac@bluewaterdrifters.com E-mail address: (to be used for future annual report notification)		

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)

Blue Water Drifters, Inc.

ARTICLE I The name of the cor	NAME Blue Water Drifters, Inc.	SECRETARY OF STATE DIVISION OF CORPORATIONS	
•	•	·	
ARTICLE II	PRINCIPAL OFFICE Principal street address	Mailing address, if different is:	
18	3487 Southeast Federal Hwy	P.O. Box 2277	
	piter, Florida 33469	Stuart, Florida 34995	
ARTICLE III I	PURPOSE		
		is to own and manage motor and sailing	
rne purpose re	or which the corporation is organized	is to own and manage motor and sailing	
yachts, boats	or snips for all activities upon domest	ic and foreign waters including the purchase	
		e deemed appropriate and any related business	
activity not for	bidden by law or these Articles of Inc	orporation.	
APTICIE IV	SHARES The anguages as a sumbar of a	shaves which the corneration shall have the	
The number of share	es of stock is:	shares which the corporation shall have the	
The number of share	authority to issue shall consi	ist of 2,500,000 shares of common stock with	
	INITIAL OFFICER'S AND GRY HERECHOR		
		r Name and Title:	
Address:	P.O. Box 2277		
	Stuart, Florida 34995		
Name and Tit	leWendy McClelland Director VP	Name and Title:	
Address:	P.O. Box 2277	Address:	
	Stuart, Florida, 34995		
NI LOUIS	1	Name and Tidles	
Name and 111 Address:	ie:	Name and Title:	
Address.			
	REGISTERED AGENT		
•	rida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name: Address:	Justin McClelland	-	
Address:	2190 SE Letha Ct # 2 Stuart, Florida, 34994	_	
	Stuart, Florida 34994	-	
ARTICLE VII	<u>INCORPORATOR</u>		
The name and add	ress of the Incorporator is:		
Name:	Justin McClelland	-	
Address:	P.O. Box 2277	_	
	Stuart, Florida 34995	_	
Havina haan nama	nd as registered agent to accept service of process	s for the above stated corporation at the place designated in	
	n familiar with and accept the appointment as reg		
		sierea agent una agree to act in mis capacity	
Lh		6-13-2011	
	— We allelled Required Signature/Registered Agent	Date	
	Vedanor Signature vegisteren vænt	Date	
I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a			
doormant to the De	maximum of Class sourtitutes a third doorse falou		
	Required Signature/Incorporator		
حلأس	· Willell	6-13-20U	
	Required Signature/Incorporator	Date	