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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 : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850)224-8870
Fax Number : (850)222-1222

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TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION
PORT INLET, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$70.00

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COVER LETTER

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

SUBJECT: PORT INLET, INC.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

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

- [x] $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: Michael E. Leach, Esq.
Name (Printed or typed)

2400 East Commercial Blvd., Suite 706
Address

Ft. Lauderdale, Florida 33308
City, State & Zip

(954) 351-8800
Daytime Telephone number

Mike@Leach.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)

ARTICLE I NAME
The name of the corporation shall be: PORT INLET, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2400 East Commercial Blvd., Suite 706
Ft. Lauderdale, Florida 33308

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Any legal business purpose.

ARTICLE IV SHARES
The number of shares of stock is: 1000 at $1.00/per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maja Mettler, President/Director
Address: Hurdnerwaldli 98
8808 Pfaffikon SZ
Switzerland

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: Michael E. Leach
Address: 2400 East Commercial Blvd., Suite 706
Ft. Lauderdale, Florida 33308

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: Michael E. Leach
Address: 2400 East Commercial Blvd., Suite 706
Ft. Lauderdale, Florida 33308

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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

Required Signature/Registered Agent — November 29, 2011 Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator — November 29, 2011 Date