

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES

Account Number: 075350000353 : (212)431-5000 Phone: Fax Number : (212)431-1441

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

Email 1	Address:			

FLORIDA PROFIT/NON PROFIT CORPORATION OUTER REEF YACHTS U.S.A., INC.

Certificate of Status	1
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Corporate Filing Menu

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12/22/2011

BENNBERGEXCELS FOR

https://efile.sunbiz.org/scripts/efilcovr.exe

Dec 22 2011 12:03

Fax:888-692-9256

P. 01

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

! h cb	
- JEUNÉMARY UF JAK 5	
DIVISION OF CORFURATE	e;

ARTICLE I N. The name of the corpo	AME Outer Reef Yachts U.S ration shall be:	S.A, Inc.	2011 DEC 22 AM 11:
ARTICLE II PI	RINCIPAL OFFICE		
, ,	Principal street address	Mailing ad	dress, if different is:
18:	50 SE 17TH ST	1850 SE 17TH S	ST
	JITE 101	SUITE 101	
EI	LAUDERDALE FL 33316	<u>FT LAUDERDA</u> I	E FL 33316
ARTICLE III PL	repogr		
	h the corporation is organized is:	•	
to transact any	and all lawful purposes for which	a corporation may be t	ormed.
RTICLE IV S	WAN DO		
he number of charge	of stock is: 200 NPV		
nê tiêminê ûr misres	CI SWOR ID: 200 (4)		
RTICLE V II	VITIAL OFFICERS AND/OR DIRECTO	ors	
	: JEFFREY J DRUEK (Director)	Name and Title:	<u> </u>
Address:	1850 SE 17TH ST. Ste# 101	Address:	
•	FT LAUDERDALE FL 33316		
5.7 1 mm	·	NT d 19944	
Name and True		Name and Title:	
Address:			
		,	
Name and Title	·	Name and Title:	
Address:		Address:	
	W. W		
RTICLE VI R	EGISTERED AGENT		
	la street address (P.O. Box NOT acceptable)	\ of the registered agent is:	
Name:	BLUMBERGEXCELSION CORPORATE SERVICES	S. INC.	
Address:	155 Office Plaza Drive 1st Fl		
	TALLAHASSEE, FL 32301		
			
	VCORPORATOR		
	ss of the Incorporator is:		
Name:	Arae Rivera c/o BlumbergExcelsion		
Address:	62 White Street, 2nd floor		
	New York, NY 10013		
aving been named	as registered agent to accept service of pro-	sees for the above stated corne	pration at the place designated in
is certificate. I am t	amiliar with and accept the appointment as	revistered agent and agree to a	ct in this capacity
		. 55	, , , , , , , , , , , , , , , , , , ,
	34/ /	José Mojica	12/22/2011
$\overline{}$	Required Signature/Registered Agent		Date
	Annie ar Brammer tre Brater on Whent	(Assist. SECY)	Date
submit this docume	ent and affirm that the facts stated herein i	are true. I am aware that the	false information submitted in a
cument to the Depo	uriment of State constitutes a third degree fel	iony as provided for in s.817.13	15, F.S.
•	n •		•
	Ar a later		12/22/2011
	Required Signature/Incorporator		Date