P96000046045 TRANSMITTAL LETTER

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

nclosed is an origina	l and one (1) c	opy of the articles of inc		1.001001887871 -05/21 1601019015 -****:25 ****131.25
PF : \$70.00 Filing Fee	#78.75 Filing Fee & Certificate	122.50	\$131.25 Filing Fee, ertified Copy & Certificate	
FROM:	Nam	Cony CosTA (printed or typed)		96 HAY 23
	1339 WEST	Address Palm Bracy Fl. ity, St. & Zip	33 406	PH 3:58
		7-64/-9573 • Telephone number		
	,	MAY 3 0 1990 BS	B	

(Proposed corporate name - must include suffix)

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

ARTICLES OF INCORPORATION

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The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business RIDA. Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICL	E i	MAME

The name of the corporation shall be:

SEA PERPERS OF THE POIN BEACHES INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

4339 COCONUT ROAD WEST PAIM BEACH FT 33406

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000 SHARES

INITIAL REGISTERED AGENT AND STREET ADDRESS **ARTICLE IV** The name and address of the initial registered agent is:

MELODY COSTA 4339 COCONUT ROAD WEST PAIN BEACH F/ 33406

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are);

Misery COSTA HOAD
1339 CECONUT KOAD
WEST PORM BEACH FT 33406

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:	Sea Prines	or THE Polm	BAHES INC
2. The name and address of the registered	agent and office is:		•
- Mrson	(NAME)	······································	
4339 Cace.	(NAME)	TABLE)	75 95 <u></u>
. 1 // ,	BENCY F)	33406	INY 23
Having been named as registered agent	and to accept servi	ce of process for the c	boy suged
corporation at the place designated in this agent and agree to act in this capacity. I rewing to the proper and complete performing the proper and complete performing the property of the p	further agree to comp mance of my duties, a	olv with the provisions o	f all statutes
×Molody () (SIGNATURE)		5-18-96 (DATE)	

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314