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TRANSMITTAL LETTER

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

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Filing Fee	\$78.75 Filing Fee & Certificate	Filing Fee & Certified Copy Additional Copy	#131.25 Fling Fee, Certified Copy & Certificate Fiequirod			
FROM:	Name	(printed or typed)		•		
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	334	- 961- 7897 Telephone number) /:: 3 30	

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



ARTICLES OF INCORPORATION

FM.En.

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

ARTICLE I NAME

The name of the corporation shall be:

PERDINO ISLANDS CORP.

ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:

100 EAST FREGORY ST. PENSACOLA, FL. 32504

ARTICLE III SHARES

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

1000

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

W.L. HULSEY 100 EAST GREGORY ST. PRUSACOLA, FZ. 32504

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):

10.6. HUSEY 700 EAST GREGORY ST. PENSACULA, FO. 30504

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

28th day of 1144 , 19 96.

(An additional article must be added if an effective date is requested.)

Signature

Signature

Si gnature

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:	Meano Tours Co	<u> </u>
2. The name and address of the regi	istered agent and office is:	······
	(NAME)	(? ()
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Having been named as registered agent and to accept service of process for the above stated corporation at the place designered in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and camplete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(SKINATURE) (DATE) 28, 1996

DIVISION OF COPE

MONS, P. O. BOX 6127, TALLAHASSEE, FL 32314