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TRANSMITTAL LETTER

95 AUG -2 AM 9:34

TALLAHASSEE, FLORIDA

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

500001911985  
-03/02/95--01079--018  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: BOATING SAFETY INSTITUTE INC.  
(Proposed corporate name - must include suffix)

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

☒ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FROM: MICHAEL ALLEN LASHMAN  
Name (printed or typed)

1260 N. FEDERAL HWY.  
Address

POMPANO BEACH, FLORIDA 33062  
City, State & Zip

(954) 748-0234  
Daytime Telephone number

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 Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be:

BOATING SAFETY INSTITUTE INC.

### ARTICLE II PRINCIPAL OFFICE

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

1260 N. FEDERAL HWY.  
POMPANO BCH. FL. 33062

### ARTICLE III SHARES

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

1000 ONE THOUSAND

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MICHAEL ALLEN LASHMAN

4706 N.W. 5ave  
POMPANO BEACH  
FL. 33064

**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):

MICHAEL ALLEN LASHMAN

4706 N.W. 5ave

POMPANO BEACH FL. 33064

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

01 day of JULY, 19 96.

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

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
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**

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

1. The name of the corporation is: BOATING SAFETY INSTITUTE INC.
2. The name and address of the registered agent and office is:

MICHAEL ALLEN LASHMAN  
(NAME)

4706 N.W. 5ave  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

POMPANO BEACH FL 33064  
(CITY/STATE/ZIP)

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated 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 complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(SIGNATURE)

07-01-96  
(DATE)