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TO: DIVISION OF CORPORATIONS

FAX #: (904)922-4001

FROM: EMPIRE CORPORATE KIT COMPANY  
CONTACT: RAY STORMONT  
PHONE: (305)541-3694

ACCT#: 072450003255

FAX #: (305)541-3770

NAME: CREW REST CHARTER & SALES, INC.  
AUDIT NUMBER.....H97000007188  
DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.  
CERT. OF STATUS..0 PAGES..... 3  
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ARTICLES OF INCORPORATION

(PRINT [capital letters in black ink] or type)

ARTICLE I - CORPORATE NAME:

The name of the Corporation shall be:

CREW REST CHARTER & SALES, INC.

ARTICLE II - CORPORATE POWERS:

The Corporation is organized for the purpose of transacting any and all business, for which a corporation may be organized in the State of Florida.


(Profession, if a P.A.: ( \_\_\_\_\_ ))

ARTICLE III - CAPITAL STOCK:

The authorized capital stock of the Corporation shall be 5,000 shares of common stock, with a par value of \$1 per share. The Corporation plans to initially issue 1,000 shares, reserving the balance for subsequent issuance.

ARTICLE IV - INCORPORATOR/DIRECTOR/REGISTERED AGENT/ADDRESS /PRINCIPAL ADDRESS:

IN WITNESS WHEREOF, this is to certify that the undersigned incorporator, who shall also serve as initial director and registered agent, hereby makes, subscribes, acknowledges and files these Articles of Incorporation, in order to form a corporation under the laws of the State of Florida, and hereby accepts designation as registered agent.

<u></u>	ADDRESS
(Signature)	<u>10212 SW 12 ST # 6</u>
	(STREET address)

<u>TOM OLSON</u>	<u>PEMBROKE PINES FL 33025</u>
(Name)	(City, State, Zip)

→ PREPARED BY: MARTIN RAPPAPORT CPA PA  
4300 N UNIVERSITY DR B-102  
LAUDERHILL FL 33351 (954)572-6006

STATE OF FLORIDA ]

COUNTY OF Broward ]

SWORN TO AND SUBSCRIBED before me, this 1 day of May, 1997

OFFICIAL NOTARY SEAL  
MARGARET M. ARCECENIO  
NOTARY PUBLIC STATE OF FLORIDA  
COMMISSION NO. 0029445  
MY COMMISSION EXPIRES JULY 4, 1998

Margaret M. Arcecenio  
FLORIDA NOTARY PUBLIC

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CERTIFICATE DESIGNATING (OR CHANGING) PLACE OF BUSINESS OR  
DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING  
AGENT UPON WHOM PROCESS MAY BE SERVED.

In pursuance of Chapter 607.34 Florida Statutes, the  
following is submitted, in compliance with said Act:

First-That CREW REST CHARTER & SALES, INC. \_\_\_\_\_ desiring  
to organize under the laws of the State of Florida with its  
principal office, as indicated in the articles of incorporation  
at City of PEMBROKE PINES, County of BROWARD, State of Florida  
has named TOM OLSON located at 10212 SW 12 ST # 6, City of  
PEMBROKE PINES, County of BROWARD, State of Florida, as its agent  
to accept service of process within.

ACKNOWLEDGEMENT: (MUST BE SIGNED BY DESIGNATED AGENT)

Having been named to accept service of process for the above  
stated corporation, at place designated in this certificate. I  
heraby accept to act in this capacity, and agree to comply with  
the provision of said Act relative to keeping open said office.

  
By: \_\_\_\_\_  
Signature  
Registered Agent

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