

P97000092594

TRANSMITTAL LETTER

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

SUBJECT:

FLORIDAYS CHARTER COMPANY
(Proposed corporate name - must include suffix)

000002330190--6

-10/27/97--01075--014

*****78.75 *****78.75

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:

CHRIS PHILCOX

Name (Printed or typed)

317 ST. GEORGE STREET

Address

ST. AUGUSTINE, FL. 32084

City, State & Zip

(904) 823-9761

Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

97 OCT 27 PM 3:04

FILED

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

10/28/97 TM

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

FLORIDAYS CHARTER COMPANY

ARTICLE II PRINCIPAL OFFICE

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

317 ST. GEORGE ST.
ST. AUGUSTINE, FL. 32084

ARTICLE III SHARES

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

100 (ONE-HUNDRED)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

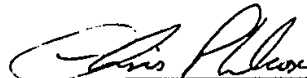
The name and Florida street address of the initial registered agent are:

CHRIS PHILCOX
317 ST. GEORGE STREET
ST. AUGUSTINE, FL. 32084

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

CHRIS PHILCOX
317 ST. GEORGE STREET
ST. AUGUSTINE, FL.
32084



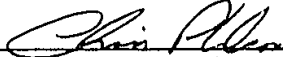
Signature/Incorporator

10/23/97

Date

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

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/Registered Agent

10/23/97

Date

FILED
97 OCT 27 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA