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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

500002404625--7 -01/20/98--01051--012 \*\*\*\*\*\*78.75 \*\*\*\*\*\*78.75

SUBJECT: Ultimate Fishing Center, Inc.

Enclosed please find an original and one (1) copy of the atricles of incorporation for the above corporation and a check in the amount of \$78.75.

From: Joe Colosseo

9385 & BAY PINES BLUD ST PETENSBURG FLA 33708 813) 397-4619

AUTHORIZATION BY PHONE TO CORRECT LOURS PLEASED DATE. JAN 30 1998



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

January 22, 1998

JOE COLOSSEO 9385 BAY PINES BLVD BAY PINES, FL 33744

SUBJECT: ULTIMATE FISHING CENTER, INC.

Ref. Number: W98000001499

We have received your document for ULTIMATE FISHING CENTER, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6915.

Letter Number: 598A00003515

Pamela Hall Document Specialist

FILED

98 JAN 29 AM 9: 03

SECRETARY OF STATE TALLAHASSEE, FLORIDA

# ARTICLES OF INCORPORATION of UTLIMATE FISHING CENTER, INC.

The undersigned person(s), acting as incorporator(s) of a corporation organized under the laws of Florida, hereby adopt(s) the following Articles of Incorporation:

#### ARTICLE I CORPORATE NAME

The name of this corporation is Utlimate Fishing Center, Inc.

#### ARTICLE II SHARES

The total number of shares which the corporation shall have authority to issue is 100 shares with a par value of \$1.00 per share.

### ARTICLE III REGISTERED OFFICE AND AGENT

The street address of the corporation's initial registered office and the name of its initial registered agent at such address is: (4204934412503/8/934/5/99)

Joe Colosseo
9385 Bay Pines Blvd
St. Petersburg, FL 33708

Ultimate Fishing Center, Inc. mailing address: (principal office) PO Box 4007
Bay Pines, FL 33744

#### ARTICLE IV PURPOSE

The purpose of the corporation is to engage in any lawful activity permitted by the laws of this state.

#### ARTICLE V DIRECTORS

The names and residence addresses of the persons constituting the initial board of directors are:

Joe Colosseo
9385/Bay Pines Blvd.
St. Petersburg, FL 33708

After the initial board of directors, the board shall consist of such number of directors as shall be determined by the shareholders from time to time at each annual meeting at which directors are to be elected.

#### ARTICLE VI LIABILITY OF DIRECTORS

To the fullest extent permitted by law, no director of this corporation shall be personally liable to the corporation or its shareholders for monetary damages for breach of any duty owed to the corporation or its shareholders, except that a director may be held personally liable for (i) breaches of the duty of loyalty, (ii) acts or omissions not in good faith or which involve intentional misconduct or a knowing violation of law, (iii) declaration of unlawful dividends or unlawful stock repurchases or redemptions, or (iv) a transaction from which the director derives an improper personal benefit.

Any director or officer who is involved in litigation or other proceeding by reason of his or her position as a director or officer of this corporation shall be indemnified and held harmless by the corporation to the fullest extent permitted by law.

#### Certification

I certify that I have read the above Articles of Incorporation and that they are true and correct to the best of my knowledge.

Joe Colosseo, Incorporator
93852Bay Pines Blvd.
St. Petersburg, FL 33708

State of Florida, County of Pinellas, ss:

Subscribed and sworn to (or affirmed) before me this 15th day of January, 19 98.

Delorah aParish
Notary Public

Deborah A Parrish
My Commission CC572616
Expires Oct. 18, 2000

## CERTIFICATE OF DESIGNATION 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.

| The name of the corporation is: Ultimate Fishing CENTER   | R, -   | Inc  |  |
|---|--|--|--|
| The name and address of the registered agent and office is:  Joseph Colosseo  | SECRI  | 98   | _·   |
| (NAME)<br>9385āBay Pines Blvd.  | TARY   | M 29   |  |
| (P.O. BOX <u>NOT</u> ACCEPTABLE) St. Petersburg, FL 33708   | OF STATI   | M 9: 0   | Ð  |
| (CITY/STATE/ZIP)  | <del>∑</del> !::1  | ————   | <b></b> *  |
| SIGNATURE foul doss  (corporate officer)  TITLE President  DATE 25 077  | 9.   | 8  |  |
| OCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DE<br>S CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGIST<br>D AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMP<br>OVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COI | SIGNA<br>ERED<br>LY WI   | ATEC<br>AGE<br>TH T  | NT<br>HE   |
| SIGNATURE BOOK OF   | w  |  | _  |
|   | The name and address of the registered agent and office is:  Joseph Colosseo  (NAME) 9385 ABay Pines Blvd.  (P.O. BOX NOT ACCEPTABLE)  St. Petersburg, FL 33708  (CITY/STATE/ZIP)  SIGNATURE ACCOPPORATION AT THE PLACE DES CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTED AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPONISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT NS OF MY POSITION AS REGISTERED AGENT. | The name and address of the registered agent and office is:  Joseph Colosseo  (NAME)  9385åBay Pines Blvd.  (P.O. BOX NOT ACCEPTABLE)  St. Petersburg, FL 33708  (CITY/STATE/ZIP)  SIGNATURE  COOPPORTE Officer)  TITLE  President  DATE  DATE  JOSEPH ABOVE STATED CORPORATION AT THE PLACE DESIGN, S CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED DAGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLE RMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE CNS OF MY POSITION AS REGISTERED AGENT. | The name and address of the registered agent and office is:  Joseph Colosseo  (NAME)  9385\$Bay Pines Blvd.  (P.O. BOX NOT ACCEPTABLE)  St. Petersburg, FL 33708  (CITY/STATE/ZIP)  SIGNATURE  COOPDOTATE  DATE  JOSEPH COLOSSEO  (CITY/STATE/ZIP)  SIGNATURE  COOPDOTATE  DATE  JOSEPH COLOSSEO  (CITY/STATE/ZIP)  SIGNATURE  COOPDOTATE  DATE  JOSEPH COLOSSEO  AGREE TO ACCEPT SERVICE  DESC SERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGE  DAGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH TO DISJONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PRANANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGNS OF MY POSITION AS REGISTERED AGENT. |

REGISTERED AGENT FILING FEE: \$35.00