## CAMPLE CETTER OF TRANSMITTAD O 3

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

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-03/06/90	301047003
****122	.50 ****122.50
, Inc.	BMAR -6 PM 3:

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

BOHE ISLAND Scuba
(Name of Corporation)

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

Howard K. PHOENIX

(Individual's Name)

(Name of Corporation)

5/1/6

## ARTICLES OF INCORPORATION

of

BONE ISLAND SCUBA INC. (name of corporation) The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation: ARTICLE I - CORPORATE NAME The name of the corporation is: BONE ISLAND SCUBA, INC. ARTICLE II - DURATION This corporation shall exist perpetually unless dissolved according to Florida law. ARTICLE III - PURPOSE The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida. ARTICLE IV - CAPITAL STOCK The corporation is authorized to issue 120 shares of common stock, par value \$ 30.0 per share. ARTICLE V - INITIAL PRINCIPAL OFFICE The street address of the initial principal office and, if different, the mailing address is: STREET ADDRESS FRONT sł. ZIP 33040 FLORIDA CITY KEY Mailing address, if different STREET ADDRESS ZIP **FLORIDA** CITY ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT The street address of the initial registered office and the name of the initial registered agent at the office is: NAME toward KAHLE PHOENIX **ADDRESS** FRONT. FLORIDA ZIP 33040 CITY

## ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have either increased or diminished fr addresses of the initial director(s	om time to time by the B	y-Laws, but shall ne	ors initially. The	number of directors may be one (1). The names and
NAME HOWARD	KAHLE PH	OENIX		
	Box 6274			
1'''	<b>ES7</b>		FL	ZIP 33041-6274
	mccolley			
	Box 5831			
<del></del>	JEST		FL	ZIP 33045
NAME				
ADDRESS				
CITY		STATE		ZIP
	KAHLE PHOE	MIX	<del></del>	ollows:
F.O.	Box 6274 JEST		FL	ZIP 33041-6274
	mecolley or			
	30x 5831			
· · · · · · · · · · · · · · · · · · ·	West		FL	ZIP 33045
NAME TIM TA				•
	N 700 FRONT	s+.		
CIPTISZ	EST	STATE	FL	ZIP 33040
The undersigned incorporato day of		e Articles of Incor , 19 <u>98</u> 	poration this	FORTH  (Signature)
		Tim	afor	(Signature)

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

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BONE ISLAND SCUBA, INC.	PA 3: PA
(name of corporation)	1.28

Pursuant to F	Torida Statutes S	Sections 48.09	1 and 607.0501, the	e following is sub	omitted:
The above co	orporation, organ	nized under the	e laws of the State of	of Florida with its	s registered office
as indicated i	n the Articles of	Incorporation	·	-	
at	700 FA	OHT St.	·	-	
	KEY WI	EST, FL	33040		
has named _	HOWARD	KAHLE	PHOEKIX		<b>.</b>
located at the	e aforesaid addre	ess, as its regis	tered agent to acce	pt service of proc	ess within this
state.					

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.

7 form (Signature) 03/04/98 (Date)