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CONTACT: RICHARD OSTER

PHONE: (608)251-6600

FAX #: (608)251-6907

NAME: ABILITY ADVENTURES OF ALASKA, INC.

AUDIT NUMBER.....H98000012168

DOC TYPE.....FLORIDA NON-PROFIT CORPORATION

CERT. OF STATUS..1 PAGES..... 1

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION
OF
Ability Adventures of Alaska, Inc.**

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: Ability Adventures of Alaska, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
3929 Roswell Dr., Tallahassee, FL 32310

ARTICLE III PURPOSES

The specific purpose for which the corporation is organized is: Over night small ship charters onboard a barrier free vessel. Onboard and land based job assisted programs are promoted to the disadvantaged, minorities and people with disabilities.

ARTICLE IV INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Rose Wells, 3929 Roswell Dr., Tallahassee, FL 32310

ARTICLE V INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is Richard Oster, 214 N. Henry Street, Suite 201, Madison, WI 53703.

ARTICLE V MANNER OF ELECTING DIRECTORS

The method of election of directors is as stated in the bylaws.

The undersigned incorporator has executed these Articles of Incorporation this 18th day of June, 1998.

The document was prepared by: 
Richard Oster, 214 N. Henry Street, Suite 201, Madison, WI 53703. 608-251-6600

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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: _____

Rose Wells
Rose Wells

Date: _____

6/23/98

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