

TRANSMITTAL LETTER

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

300002677823--0
-11/02/98--01079--004
*****70.00 *****70.00

SUBJECT: OCEAN Dreams Unlimited, Inc.
(Proposed corporate name - must include suffix)

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: JAMIE STREET - Tom Flatley
Name (Printed or typed)

5398 WOLFRUM WAY
Address

ST. Charles, MO 63304
City, State & Zip

(314) 926-8222
Daytime Telephone number

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

W-24913
11/3/98 [Signature]

FILED
98 NOV -2 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VI - EFFECTIVE DATE 11/1/99

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:

OCEAN DREAMS UNLIMITED, INC.

ARTICLE II PRINCIPAL OFFICE

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

84001 OVERSEAS HWY
ISLAMORADA, FL 33036

ARTICLE III SHARES

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

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

THOMAS FLATLEY -
219 PRESTON ST.
ISLAMORADA, FL 33036

ARTICLE V INCORPORATOR

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

Thomas Flatley - Jamie Street
219 Preston St
Islamorada, FL 33036

Jamie Street

Thomas Flatley

Signature/Incorporator

Date

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

SEE ABOVE

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

Date