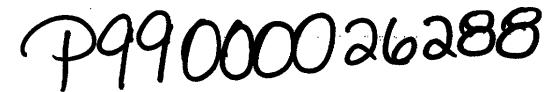
PHONE NO. : 3056657709

Mar. 23 1999 10:13AM P1



Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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(((H990000068173)))

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Division of Corporations

Fax Number : (850)922-4001

Account Name : TIMOTHY W. ROSS, P.A.

Account Number : 076535002461 Phone : (305) 442-1700

: (305)442-2559 Fax Number

FLORIDA PROFIT CORPORATION OR P.A.

H2O Riptide, Inc.

****PLEASE NOTE THAT WE MUST HAVE HIT THE WRONG KEY, WE WANT TO FILE ARTICLES OF INCORPORATION, OBTAIN A CERTIFIED COPY AND A CERTIFICATE OF STATUS AS WELL AS THE REGISTERD AGENT FEE. PLEASE CORRECT THE ESTIMATE BELOW TO SHOW CORRECT FEES, THANK YOU.

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$87.50

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FAX AUDIT #(((H99000006817 3)))

ARTICLES OF INCORPORATION H,O Riptide, Inc.

The undersigned, acting hereby as Incorporator of a corporation under the Florida, General Corporation Act, adopts the following Articles of Incorporation for such operation

I. NAME OF INCORPORATION

The name of this corporation shall be H₂O Riptide, Inc.

II. PURPOSES

The general nature and purposes of business to be transacted, promoted and carried on by the corporation are as follows:

- A. To engage in the business of providing charter boat-captain related services, and any other business endeavors allowable by the laws of the State of Florida.
- B. To do everything necessary and proper in accomplishing the purposes herein set forth and to do anything incidental thereto which is not forbidden under the laws of the State of Florida.

III. CAPITAL STOCK

- A. The maximum number of shares of stock that the corporation is authorized to have outstanding at any time shall be 500 shares of common stock at one dollar (\$1.00) per share per value.
- B. The consideration to be paid for each share shall be payable in lawful money or property, labor or services.

IV. DURATION

The corporation shall have a perpetual existence.

V_REGISTERED AGENT

The street address, principal office and mailing address of this corporation's initial registered office is: 222 Lakeview Avenue, Suite 160-118, West Palm Beach, FL 33401, and the name of its initial registered agent at said address is John D. Thomson.

FAX AUDIT #(((H99000006817 3)))
TIMOTHY W. ROSS, P.A.
GROVE PLAZA -7TH FLOOR
2900 SW 28 TERR, MIAMI, FL 33133

PHONE NO. : 3056657709

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FAX AUDIT #(((H99000006817 3)))

VI. INCORPORATOR

The name and address of the Incorporator is as follows: John D. Thomson, 222

Lakeview Avenue, Suite 160-118, West Palm Beach, FL 33401.

VII. BOARD OF DIRECTORS

The corporation shall have a Board of Directors consisting of one person. The number of Directors may be increased or decreased from time to time by a resolution of the majority of the Stockholders but shall never be less than one. The name and address of the initial Director of this corporation is: John D. Thomson, 222 Lakeview Avenue, Suite 160-118, West Palm Beach, FL 33401.

VIII. INFORMAL SHAREHOLDER ACTION

Any action of the Shareholders may be taken without a meeting if consent in writing setting forth the action so taken shall be signed by all the Shareholders entitled to vote upon such action at a meeting and filed with the Secretary of the corporation as part of the corporate records.

IX. INFORMAL DIRECTOR ACTION

If all of the Directors severally or collectively consent in writing to any action taken or to be taken by the corporation, and the writings evidencing their consent are filed with the Secretary of the corporation, the action shall be as valid as though it had been authorized at a meeting of the Board of Directors.

X. NON-RESIDENT DIRECTORS

Directors need not be residents of this State or Shareholders unless the Articles of Incorporation or Bylaws so require.

XI MEETINGS BY CONFERENCE TELEPHONE

Members of the Board of Directors may participate in special meetings of the Board of Directors by means of conference telephone or similar communications equipment as provided by law but regular meetings of the Board of Directors must be attended in fact in person by each

FAX AUDIT #(((H99000006817 3)))
TIMOTHY W. ROSS, P.A./FLA BAR #436641
GROVE PLAZA - 7TH FLOOR
2900 SW 28 TERR, MIAMI, FL 33133
TET. (205 AA1-2470/FAX: (305) 442-2559

Director.

XII. INDEMNIFICATION

The corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

XIII. BYLAW AMENDMENT

The power to adopt, alter, amend or repel the bylaws of this corporation shall be vested in the Board of Directors and Stockholders provided that such amendment be in compliance with the laws of Florida governing Corporations.

Social D. Thomson

STATE OF FLORIDA
COUNTY OF PALM BEACH

FLOR T 525 464 68 3810

is 10/96 ex 10/03

BEFORE ME, the undersigned authority, personally appeared JOHO D.ThOM, ON who is personally known to melor or who has produced identification type of identification DRIVER'S UCINSL, and who executed the foregoing Articles of Incorporation, and be acknowledged to and before me that he executed such instrument.

IN WITNESS WHEREOF, I have hereunto set my hand and seal at <u>we plant</u> in the said County and State, this Thof March 1999.

NOTARY PUBLIC // State of Florida

My Commission Expires:



FAX AUDIT #(((H99000006817 3)))
TIMOTHY W. ROSS, P.A./FLA BAR # 436641
GROVE PLAZA - 7TH FLOOR
2900 SW 28TH TERRAGE, MIAMI, FL 33133
TEL: (305) 441-2470/FAX: (305) 442-2559

PHONE NO. : 3056657709

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DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE

Pursuant to Florida Statutes Section 607.0501, the corporation named below hereby designates the person or corporation named below to serve as the corporation's registered agent for service of process with the State of Florida:

NAME OF CORPORATION

H,O Riptide, Inc.

NAME OF REGISTERED AGENT

John D. Thomson

ADDRESS OF REGISTERED AGENT

222 Lakeview Avenue, Suite 160-118

West Palm Beach, FL 33401

ACCEPTANCE OF APPOINTMENT BY REGISTERED AGENT

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared ON D. Thomas, personally known to me or who has produced identification, type of identification of the person who executed the foregoing Certificate Designating Registered Agent and Registered Office, and he acknowledged before me that he executed same for the purposes and in the capacities set forth therein.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal in the State and County aforesaid this 1 day of 1999.

My Commission Expires:

DIANA CONGIDON
MY COMMISSION # CC 495201
EXPRESS September 13, 1996
Bonded Tarls Notary Public Underweiters

NOTARY PUBLIC State of Florida

FAX AUDIT # (((H99000006817 3)))
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