

TRANSMITTAL LETTER

P990000044532

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

SUBJECT: Sabrina Yachts, Inc.
(Proposed corporate name - must include suffix)

0000002873930-8
-05/13/99--01070--005
*****78.75 *****78.75

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 of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Nancy Rydgig
Name (Printed or typed)

9 Gateway Drive
Address

Collinsville, IL 62234
City, State & Zip

618-346-2600
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE FLORIDA

99 MAY 13 AM 11:35

FILED

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

B. BROCK MAY 17 1999

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:

Sabrina Yachts, Inc.

ARTICLE II PRINCIPAL OFFICE

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

9 Gateway Drive
Collinsville, IL 62234

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Victor Fears
6115 Pasadena Point Boulevard
Gulfport, FL 33707

ARTICLE V INCORPORATOR

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

Nancy Rydgig
9 Gateway Drive
Collinsville, IL 62234

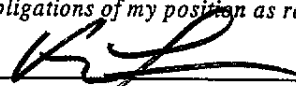

Signature/Incorporator

5/10/99

Date

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

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

5/10/99

Date

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA