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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 922-4001

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 541-3694  
Fax Number : (305) 541-3770

**FLORIDA PROFIT CORPORATION OR P.A.**

*yachts*  
**HI-TIDES MARINE, INC.**

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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EMPIRE CORPORATE KIT

P.02/05



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

August 13, 1999

EMPIRE

SUBJECT: HI-TIDES MARINE, INC.  
REF: W99000018759

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

THE CONFLICT IS HIGH TIDE MARINE CORP., DOC. NUMBER L66673.

If you have any further questions concerning your document, please call (850) 487-6928.

Michelle Milligan  
Document Specialist

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Letter Number: 799A00040941

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**ARTICLES OF INCORPORATION****OF****Hi-Tides Yachts, Inc.***These Articles are in compliance with Chapter 607, F.S.***ARTICLE I**

The name of this corporation shall be: Hi-Tides Yachts, Inc.

**ARTICLE II**

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

**ARTICLE III**

The principal place of business and mailing address of this corporation shall be: 8300 NW 53 Street, Miami, FL 33166

**ARTICLE IV**

The general nature of business of this corporation is to transact any and all lawful business.

**ARTICLE V**

The aggregate number of shares which this corporation shall have authority to issue is the total sum of 500 shares having an individual par value of \$1.00.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

PREPARED BY: RAY STORMONT, EMPIRE CORPORATE KIT COMPANY  
1492 W. FLAGLER STREET, #200, MIAMI, FLORIDA 33135 (305)541-3694

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ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be: C. Robert Murray, JR.  
8300 NW 53 Street, Suite 300  
Miami, FL 33166

ARTICLE VII

The initial board of Directors shall consist of a total of 1 person(s) and the name and address of the person(s) who are to serve as an initial director(s) is(are):

Sam Lupowitz  
P/S/T


8300 NW 53 Street, Suite 300  
Miami, FL 33166

ARTICLE VIII

The name and address of the incorporator executing these Articles of Incorporation is:

EMPIRE CORPORATE KIT OF AMERICA, INC.  
1492 WEST FLAGLER STREET #200  
MIAMI, FL 33135

The undersigned has executed these Articles of Incorporation this 12 day of AUGUST, 1999.

  
Incorporator  
Ray Stormont, President  
Signing for  
Empire Corporate Kit of America, Inc.

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TALLAHASSEE, FLORIDACERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

First that Hi-Tides Yachts, Inc.

desiring to organize under the laws of the State of Florida

with its principal office, as indicated in the articles of incorporation has

named C. Robert Murray, Jr.

located at 8300 NW 53 Street

City of Miami County of Dade State of Florida,

as its agent to accept service of process 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.

SIGNATURE

  
Registered Agent

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