

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6377
Tallahassee, FL 32314

SUBJECT: Florida Dive Training, Inc.
(Proposed corporate name - must include suffix)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 AUG 12 AM 8:00

FILED

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: David J. Cowan
Name (Printed or typed)

1030 Lake Shore Dr. #101
Address

Lake Park, FL 33403
City, State & Zip

561-863-5250

Daytime Telephone number

200002958472--7

-08/12/99-01082-008

*****87.50 *****87.50

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

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:

Florida Dive Training, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1030 Lake Shore Dr. #101
Lake Park, FL. 33403

ARTICLE III SHARES

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

100 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

David J. Cowan
1030 Lake Shore Dr. #101
Lake Park, FL 33403

ARTICLE V INCORPORATOR

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

David J. Cowan
1030 Lake Shore Dr. #101
Lake Park, FL 33403


Signature/Incorporator

August 9th 1999

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

August 9th 1999

Date

FILED
99 AUG 12 AM 8:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA