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OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. SOUTH BEACH PARASAIL SPORTS, INC. (Corporation Name) (Document #)

2. (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

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☒ Certified Copy

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☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
99 OCT -6 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Examiner's Initials

Date OCTOBER 5, 1999

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

Re SOUTH BEACH PARASAIL SPORTS, INC., Inc.  
(name of corporation)

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

\_\_\_\_\_  
(individual's name)

SOUTH BEACH PARASAIL SPORTS, INC.  
(name of corporation)

MAILING ADDRESS OF CORPORATION

835 LENOX AVE., #207

MIAMI BEACH, FLORIDA 33139

PHONE

( 305 ) 631-8124

Area Code

Number

Ext.

FILED  
99 OCT -6 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION  
of

SOUTH BEACH PARASAIL SPORTS, INC.  
(name of corporation)

The undersigned subscriber(s) to these Articles of incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

SOUTH BEACH PARASAIL SPORTS, INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue FIVE HUNDRED shares ( 500 ) of ONE Dollar(s) (\$ 1.00 ) par. value Common Stock, which shall be designated "Common Shares".

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	QUINN KIGHT
ADDRESS	835 LENOX AVE., #207
CITY	MIAMI BEACH
STATE	FLORIDA
ZIP	33139

The principal office, if known, or the mailing address of the corporation is:

NAME	SOUTH BEACH PARASIL SPORTS, INC.
ADDRESS	835 LENOX AVE., #207
CITY	MIAMI BEACH
STATE	FLORIDA
ZIP	33139

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have TWO ( 2 ) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	QUINN KIGHT	PRESIDENT	60% SHARES
ADDRESS	835 LENOX AVE., #207		
CITY	MIAMI BEACH	STATE FLORIDA	ZIP 33139
NAME	KEVIN McCREARY	VICE PRESIDENT	40% SHARES
ADDRESS	835 LENOX AVE., #207		
CITY	MIAMI BEACH	STATE FLORIDA	ZIP 33139
NAME			
ADDRESS			
CITY		STATE	ZIP



# CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

## CERTIFICATE OF REGISTERED AGENT OF

SOUTH BEACH PARASAIL SPORTS, INC.

*(name of corporation)*

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:  
The above corporation, desiring to organize under the laws of the State of Florida with  
its registered office as indicated in the Articles of Incorporation  
at 835 LENOX AVE., #207

MIAMI BEACH, FLORIDA 33139

has named QUINN KIGHT

located at the aforesaid address, as its Registered Agent to accept service of process  
within this state.

## ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above  
stated corporation at the place designated in this certificate, and being familiar with  
the obligations of that position, I hereby accept to act in this capacity, and agree to  
comply with the provisions of Florida Law in keeping open said office.



*(registered agent)*

**FILED**  
99 OCT -6 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA