Division of Corporations

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Florida Department of State

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To:

Division of Corporations

Fax Number : (850) 922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number: 071001002335

Fax Number

: (305)599-0839 : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

MILLENIUM CRUISE LINES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing

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ARTICLES OF INCORPORATION OF Millenium Cruise Lines, Inc.

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 this corporation is Millenium Cruise Lines, Inc.

ARTICLE II PRINCIPAL OFFICE

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

2800 Bişcayne Blvd. Miami, FL 33137

ARTICLE III SHARES

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

1000 shares of \$1.00 per value common stock

ARTICLE IV INITIAL BOARD OF DIRECTORS

This corporation shall have three (3) director initially. The number of directors may be increased or diminished from time to time in accordance with by-laws adopted by the stockholders. The names and addresses of the initial board of directors are:

NAME	ADDRESS
Carlos A Ocampo	10980 NW 58 th Terr
President	Miami, FL 33178
Tulio A Ocampo	10980 NW 58 th Terr
Vice President	Miami, FL 33178
Felipe Caro	3505 S Ocean Dr No 201
Secretary	Miami, FL 33019

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ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Felipe Caro 3505 S Ocean Dr No 201 Miami, FL 33019

ARTICLE VI INCORPORATOR

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

Carlos A Ocampo 10980 NW 58th Terr Miami, FL 33178

Carlos A Ocampo

November 17th, 1999 Date

ACKNOWLEDGMENT:

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.

Polipe Care

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