

P99000107053

TRANSMITTAL LETTER

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

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-12/09/99--01098--009
*****87.50 *****87.50

SUBJECT: GLOBAL YACHTS INSURANCE, INC.
(Proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/>	<input checked="" type="checkbox"/>
\$78.75	\$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
ADDITIONAL COPY REQUIRED	

FROM:

Gerald Berton
555 NE 15th Street
Suite 104
Miami, Florida 33132

Daytime Telephone number: (305) 371 2628
Daytime Fax number: (305) 371 4420

FILED
1999 DEC -9 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A Howell DEC 10 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:

Global Yachts Insurance, Inc.

ARTICLE II PRINCIPAL OFFICE

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

Global Yachts Insurance, Inc.
555 NE 15th Street
Miami, Florida 33132

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

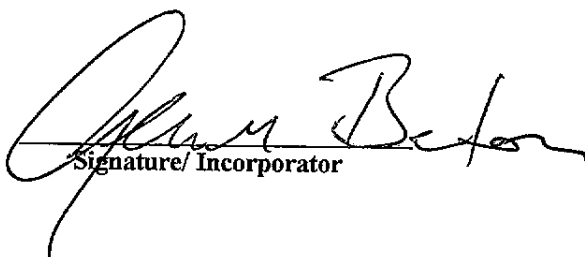
The name and Florida street address of the initial registered agent is:

Gerald Berton
555 NE 15th Street
Miami, Florida 33132

ARTICLE V INCORPORATOR

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

Gerald Berton
555 NE 15th Street
Miami, Florida 33132


Signature/ Incorporator

12/7/99
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

12/7/99
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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