TRANSMITTAL LETTER

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

500004788806--4 -01/22/02--01087--010 *****87.50 *****87.50

SILVER CITY DAKS INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

\$87.50

Filing Fee & Certified Copy Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: JEANNINE M. CAMPBELL

Name (Printed or typed)

10542 NE 153 ST. P.O. Box 676 Address

M · coy, FL. 32134-0676
City, State & Zip

595 - //56 Daytime Telephone number

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

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I

The name of the corporation shall be:

SILVER CITY DAKS INC.

2002 JAN 22 AM 9: 14

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be PARTE MARKET OF STATE

SOUTH PARTE MARKET OF STATE SOUTH RANGE 23 EAST -A SUBDIVISION RECORDED IN PLAT BOOK A PAGE 156A OF THE PUBLIC RECORDS OF MARION COUNTY, STATE OF FLORIDA. MAILING ADDRESS-P.O. BOX 676, FORT M.COY, FL. 32124-0676

AKTICLE III PURPOSE

The purpose for which the corporation is organized is: TO ALLOW US TO TAKE OVER OWNERSHIP AND OPERATION, ON A NOT FOR PROFIT BASIS, OF THE WATER SYSTEM CURRENTLY IN USE BUT BEING ABANDONED BY MR. DAVID L. SMALL OF KINCARDING ONT. CANADA

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

BY SIMPLE MAJORITY VOTE OF MEMBERS

ARTICLE V INITIAL DIRECTORS/OFFICERS

The name(s), address(es) and title(s):

JEANNINE M. CAMPBELL, P.O. BOX 676, FT. MCCOY, FL. 32134, PRESIDENT FRANK PRICE, P.O. BOX 731, FT. M-COY, FL. 32134, 1ST. VICE-PRESIDENT ROBERT KIRKPATRICK, 10699 NG 153 ST. FORT M-COY, FL. 32134, 2ND VICE PRESIDENT

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

JEANNINE M. CAMPBELL 10542 NE 153 ST. P.O. BOX 676 FORT MERCY, FL. 32134-0676

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

JEANNING M. CAMPBELL 10542 NE 153 ST. P.O.BOX 676 FORT M-COY, FL. 32134-0676

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Signature/Registered Agent

Signature/Incorporator