

N.0400010333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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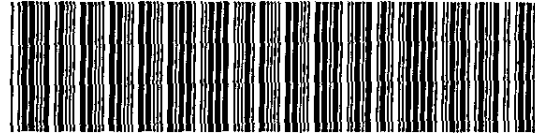
(Business Entity Name)

(Document Number)

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OFFICE OF THE
CLERK OF THE
COURT

W04-36413

Bm 11/3

TRANSMITTAL LETTER

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

SUBJECT: ARK 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
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: SHEMANA DIXON
Name (Printed or typed)

8750 NSHERMAN CIRCLE STE 207
Address

MIRAMAR, FL 33025
City, State & Zip

(954) 392-7335
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

October 4, 2004

SHEMANA DIXON
8750 N SHERMAN CIRCLE STE 207
MIRAMAR, FL 33025

SUBJECT: ARK INC.
Ref. Number: W04000036413

We have received your document for ARK INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight
Document Specialist
New Filings Section

Letter Number: 504A00057474

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

ARTICLE I NAME

The name of the corporation shall be:

WIHA INC.

ARTICLE II PRINCIPAL OFFICE

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

8750 N Sherman Circle STE 207
MIRAMAR FL 33025

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO COLLECT FUNDS AND NON PERISHABLE ITEMS AND
REDISTRIBUTE TO NEEDY COMMUNITIES

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

DIRECTORS ARE APPOINTED BY INCORPORATOR

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

DASSITA DIXON
8750 N Sherman Circle
STE 207
MIRAMAR, FL 33025

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SHEMANA DIXON
8750 N Sherman Circle
STE 207
MIRAMAR, FL 33025

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.

Dassita Dixon DASSITA DIXON.
Signature/Registered Agent

10/25/04.
Date

S Dixon SHEMANA DIXON
Signature/Incorporator

10.25.04.
Date

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F-0000
CORP. DIVISION
STATE OF FLORIDA