TRANSMITTAL LETTER

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

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-02/21/00--01091--008
*****78.75 *****78.75

SUBJECT: **SKYTRAN 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: **MATTHEW CLARKE**
_____
Name (Printed or typed)

2354 QUAKER COURT
_____
Address

ORLANDO, FLORIDA 32837
_____
City, State & Zip

407 - 812 - 4909
_____
Daytime Telephone number

FILED
00 FEB 21 AM 9: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ÄRTICLES 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:

SKYTRAN INC.

ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:

P.O. BOX 770563, ORLANDO, FLORIDA 32877

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:

MATTHEW CLARKE
2354 QUAKER COURT, ORLANDO FLORIDA 32837

ARTICLE V INCORPORATOR
The **name and address** of the incorporator to these Articles of Incorporation are:

MATTHEW CLARKE
2354 QUAKER COURT. ORLANDO, FLORIDA 32837

2/15/2000.

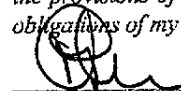_____   _____
Signature/Incorporator   Date

(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

2/15/2000

_____   _____
Signature/Registered Agent   Date