CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Signature

Name

Walk-In

Requested by:

Date

Will Pick Up

(850) 224-8870 • 1-800-342-8002 • FAX (630) 222-1222 POOD 333

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| | Art of Inc. File Cert | - 3 2 |
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| | LTD Partnership File | |
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| | Fictitious Name File | |
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| | Annual Report / Reinstatement | |
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| | Certificate of Good Standing | |
| | Certificate of Status | [*] *********************************** |
| | Certificate of Fictitious Name | \$ \$ 5 |
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| | Courier | |
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Secretary of State

May 5, 2000

CAPITAL CONNECTION, INC. 417 E VIRGINIA ST., STE. 1 TALLAHASSEE, FL 32302

SUBJECT: NOAH'S ARK, INC. Ref. Number: W00000011789

We have received your document for NOAH'S ARK, INC. and your check(s) totaling \$78.75. 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) 487-6927.

Tracy Smith Document Specialist

Letter Number: 600A00024966

Corrected

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Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

ARTICLES OF INCORPORATION

of D.M.N.A., Inc.

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is: D.M.N.A., Inc.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activites or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue one thousand shares (1,000) of one Dollar(s) (\$1.00) par value Common Stock, which shall be designated "Common Shares.

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The principal office, if known, or the mailing address of the corporation is:

NAME: D.M.N.A., Inc.

ADDRESS: 10420 Carlin Drive

CITY: Brooksville,

FLORIDA

ZIP: 34601

The name and street address of the Initial Registered Agent of this Corporation is:

NAME: John J. Franklin, Jr.

ADDRESS: 10420 Carlin Drive

CITY: Brooksville,

FLORIDA

ZIP: 34601

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This coporation shall have two (2) director(s) initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME: Daniel W. Mohr

ADDRESS: 10420 Carlin Drive

CITY: Brooksville,

FLORIDA

ZIP: 34601

NAME: Patricia L. Mohr

ADDRESS: 10420 Carlin Drive

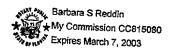
CITY: Brooksville,

FLORIDA

ZIP: 34601

ARTICLE VII - INCORPORATORS

| The names and addresses of the incas follows: | corporators signing these | Articles of Incorporation are |
|--|---|---|
| NAME: John J. Franklin, Jr. | | |
| ADDRESS: 5329 Moongate Rd. | | |
| CITY: Spring Hill, | Florida | ZIP: 34606 |
| NAME: | | |
| ADDRESS: | | |
| CITY: | FLORIDA | ZIP: |
| IN WITNESS WHEREOF, the temperation this 2nd day of May | | nave excuted these Articles of |
| | | (Seal) |
| | | (Seal) |
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| State of Florida) | | |
| , c | S | |
| County of HERNANDO | | · ÷ ÷ |
| before me, a Notary Public authorized to personally appeared: Signature | Form of Identification | |
| Signature | Form of Identification | n |
| Signature | Form of Identificatio | <u> </u> |
| known to me and known to be the person acknowledged before me that the form of identication of the above oath (was) (was not) taken. | executed these Articles of named person_as indicated of | Incorporation, that I relied upon opposite each name, and that an ficial seal in the County and State |
| | Printed Notary Signature | ABARA S KEDDIN |



CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT OF

D.M.N.A., Inc.

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation at 10420 Carlin Drive, Brooksville, Florida 34601 has named John J. Franklin, Jr. located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agreee to comply with the provisions of Florida Law in keeping open said office.

(registered agent)

SECRETARY OF STATE