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TRANSMITTAL LETTER

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee fl 32314

600003285316--4  
-06/12/00--01114--014  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: WEKIVA ADVENTURES, 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 GARY L. ARMSTRONG

2950 ALOMA AVENUE, SUITE 400

WINTER PARK, FLORIDA 32792

407-681-0507

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

FILED  
JUN 12 PM 12:23  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE

## 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*

### ARTICLES I - NAME

The name of the corporation shall be  
**WEKIVA ADVENTURES, INC.**

### ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:  
**130 NOVA ROAD  
SANFORD, FLORIDA 32771**

### ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:  
**ONE THOUSAND (1000)**

### ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS


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

**MARTHA CARSWELL  
130 NOVA ROAD  
SANFORD, FLORIDA 32771**

### ARTICLE V - INCORPORATOR

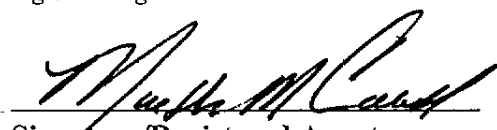
The name and address of the incorporator to these Articles of Incorporation are:

**MARTHA CARSWELL  
130 NOVA ROAD  
SANFORD, FLORIDA 32771**

 6-3-00      6-3-00  
MARTHA CARSWELL, Incorporator      Date

### ACCEPTANCE BY REGISTERED AGENT

*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.*

      6-3-00  
Signature/Registered Agent      Date  
(MARTHA CARSWELL)

**FILED**  
00 JUN 12 PM 12:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA