## TRANSMITTAL LETTER

## POI 00000 2049 Department of State

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

500003525955--C -01/05/01--01089--002 \*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: ARKACTIVE 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

578.75 Filing Fee

& Certificate of Status

\$78.75

7/8.75 Li \$8

Filing Fee & Certified Copy \$87.50

Filing Fee, Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM:	Mitchell B. Smith	<del>-</del>	
	Name (Printed or typed)	9 _	
	PD BOX 947	NVE 10	
	Address	9 Z	ئي و
	Navang, Il 32333	5 PM 2: 32 CORPORATION	A STATE OF THE PROPERTY OF THE
	City, State & Zip	§ 5	الله وريدا
	850-539-6583	32 TION -	
	Daytime Telephone number		

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

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APPROVEB

## ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) The name of the corporation shall be: ARK ACTIVE, INC. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 1 Som ith Creek Rd. P.O.BOX 947 Hovane, Fl 32333 Joona, Il 32333 ARTICLE III PURPOSE The purpose for which the corporation is organized is: WEB Design ARTICLE IV SHARES The number of shares of stock is: INITIAL OFFICERS/DIRECTORS (optional) VP/Sec. Tuasarer REGISTERED AGENT Florida street address of the registered agent is: INCORPORATOR The <u>name and address</u> of the Incorporator is: 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