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# TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 OI JAN 24 AN TALLAHASSEE. F 1000 01 JAN 25 AN TALLAHASSEE. F 1000 00 JAN

SUBJECT: OKUWAHOST INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

STO.00 Filing Fee S78.75 Filing Fee & Certificate of Status XIS78.75I \$87.50Filing FeeFiling Fee,& Certified CopyCertified Copy& Certificate ofStatusADDITIONAL COPY REQUIRED

FROM:	ADEKUNLE A. OKUWA Name (Printed or typed)	<b></b>
	1411 N. PINE HILLS RD. Address	
	ORLANDO FL. 32808 City, State & Zip	
·	407-2945361 Daytime Telephone number	- 0×1/2

# **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.

### <u>ARTICLE I NAME</u>

The name of the corporation shall be: OKUWAHOST INC.

#### <u>ARTICLE II PRINCIPAL OFFICE</u>

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

1411 N. PINE HILLS RD. ORLANDO FL. 32808

#### ARTICLE III SHARES

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

ONE THOUSAND FIVE HUNDRED (1500)

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: ADEKUNLE A. OKUWA

5424 REGAL OAK CIR.

ORLANDO FL. 32810

#### ARTICLE V INCORPORATOR

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

ADEKUNLE A. OKUWA 5424 REGAL OAK CIR. ORLANDO FL. 32810

Signature/Incorporator

09/01/00

Date

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 of my position of my position of my position.

09/01/00

Signature Registered Agem