P01000014083

TRANSMITTAL LETTER



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

SUBJECT: <u>QUOKKA CONSULTING, INC.</u> (PROPOSED CORPORATE NAME - <u>MUST INCLUDE SUFFIX</u>)

600003634776--7 -02/06/01--01023--013 ******78.75 *****78.75

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

\$70.00
Filing Fee

X \$78.75 Filing Fee & Certificate of Status \$78.75Filing Fee& Certified Copy

\$87.50
 Filing Fee,
 Certified Copy
 & Certificate of
 Status
 W REQUIRED

ADDITIONAL COPY REQUIRED

FROM:

Name (Printed or typed)

Richard A. Wollner, CPA. P.A.

2917 West State Road 434, Suite #151

Address

Longwood, Florida 32779

City, State & Zip

(407) 869-6434

Daytime Telephone number

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

12.2.01

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.

ARTICLE I NAME

The name of the corporation shall be:

OUOKKA CONSULTING, INC.

ARTICLE II PRINCIPAL OFFICE

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

1719 OUEEN PALM DRIVE APOPKA, FLORIDA 32712

ARTICLE III SHARES

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

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Richard A, Wollner, CPA 2917 West State Road 434, Suite 151 Longwood, Florida 32779

ARTICLE V INCORPORATOR

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

Richard A, Wollner, CPA 2917 West State Road 434, Suite 151 Longwood, Florida 32779

Rub Justin Signature/Incorporator

<u>//3//01</u> Date

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.

<u>| /31/01</u> Date

Signature/Registered Agent



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