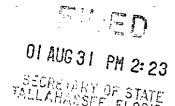
TRANSMITTAL LETTER 10100087343



*****87.50

Department of State
Division of Corporations
P. O. Box 6327

Tallahassee, FL 3231	4			
SUBJECT:	ANCIENT I	IVER'S INC.		
	(Proposed corpor	ate name - must include suffix)	004566 08/31/010 *****87.50	
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	Filing Fee Fil & Certified Copy Ce &	\$87.50 ling Fee, rtified Copy Certificate of atus EQUIRED	
FROM:	RICHARD W SCHMIII Name (Printed or typed)			
	1058 WALKER RD. NE. Address SALEM OREGON 97302 City, State & Zip			
(503) 364-5312 Daytime Telephone number				

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

The undersigned incorporator, for the purpose of forming a corporation under the Flori	ida
Business Corporation Act, hereby adopts the following Articles of Incorporation.	

ART	ICLE I	NAME

The name of the corporation shall be:

01 AUG 31 PM 2:23

GEGRETARY OF STATE TALLAHASSEE, FLORIDA

ANCIENT DIVER'S INC.

ARTICLE II PRINCIPAL OFFICE

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

1058 WALKER RD NE.

SALEM, OREGON 97302

ARTICLE III SHARES

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

10,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

RICHARD W. SCHMITT

7007 SHRIMP RD. KEY WEST, FL 3

INCORPORATOR ARTICLE V

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

RICHARD W. SCHMITT

1058 WALKER RD. NE

SALEM, OREGON 97302

P.O.BOY 710

KEY WEST FL 33041

Signature/Incorporator

(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 as registered agent

8-21-01 Date

Signature/Registered Agent