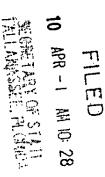
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| Special Instructions to Filing Officer: | | | |
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Office Use Only



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4-2-10

COVER LETTER

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

| SUBJECT: | DK Online Ventures, Inc. (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX) | | |
|----------------------|--|--|--|
| Englosed are an orig | inal and one (1) copy of the arti | | |
| \$70.00 Filing Fee | ☑ \$78.75 | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status |
| FROM: | Name P.0 | onna Reid (Printed or typed) D. Box 164 Address | |
| - | Interlachen, FL 32148 City, State & Zip 386-684-4840 | | |
| | Daytime Telephone number | | |

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

DK Online Ventures, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

116 Rollins Rd., Interlachen, FL 32148 P.O. Box 164, Interlachen, FL 32148

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of the corporation is to conduct any lawful purpose or purposes.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Donna Reid - President/Secretary - 116 Rollins Rd., Interlachen, FL 32148 Clyde Reid - Vice President/Treasurer - 116 Rollins Rd., Interlachen, FL 32148

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Donna Reid - 116 Rollins Rd., Interlachen, FL 32148

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: Donna Reid - 116 Rollins Rd., Interlachen, FL 32148 Clyde Reid - 116 Rollins Rd., Interlachen, FL 32148

| ******************* | ********** |
|---|------------|
| Having been named as registered agent to accept service of process for t certificate, I am familiar with and accept the appointment as registered age | |
| Donna Reid | 3-29-10 |
| Signature/Registered Agent | Date |
| Donna Leid | 3-29-10 |
| Signature/Incorporator | Date |

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