8819 TRANSMITTAL LETTER

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

400002754214--7 -01/25/99--01150--012 *****70.00 *****70.00

____ SUBJECT: ---roposed 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

\$122.50
Filing Fee
& Certified Copy

Siling Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM:

Name (Printed or/typed) <u>9000 NW20 5T</u> Address <u>PEMBROKE PINES, FI. 33024</u> City, State & Zip <u>800 - 200 - 7753 X124</u> Daytime Telephone number

B. BROCK , IAM 2 8 1999

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

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:

Wapiti Unlimited, Inc.

ARTICLE II PRINCIPAL OFFICE

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

9000 NW 20 ST PEMBROKE PINES, FI 33024

<u>ARTICLE III SHARES</u>

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

500 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Annmarie Meyer 9000 NW 20 ST PEMBROKE PINES, FI 33024

ARTICLE V INCORPORATOR

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

Ann Maria MEYER 9000 NW 20 ST PEMBRUKE PINES, FI 33024

Signature/Incorporator

Hnn Maria May

Datr

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(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 statutus relating to the proper and complete performance of my duties, and I um familiar with and accept the obligations of finy position as registered agent

Signature/Registered Agen Ann Marie May

Date