

99000082491
TRANSMITTAL LETTER

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

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-09/13/99--01089--010
*****87.50 *****87.50

SUBJECT: Ancient Archives Incorporated
(Proposed corporate name - must include suffix)

FILED
99 SEP 13 AM 7:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: Michael Mitchell
Name (Printed or typed)

138 Deer Lake Circle
Address

Ormond Beach, FL 32174
City, State & Zip

(904) 673-8637
Daytime Telephone number

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

D. BROWN SEP 20 1999

Articles of Incorporation

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

Article I Name

The name of the corporation shall be: Ancient Archives Incorporated

Article II Principal Office

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

138 Deer Lake Circle
Ormond Beach, FL
32174

Article III Shares

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1000 shares

Article IV Initial Registered Agent and Street Address

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

Michael Mitchell
138 Deer Lake Circle
Ormond Beach, FL
32174

Article V Incorporator

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

Michael Mitchell
138 Deer Lake Circle
Ormond Beach, FL
32174

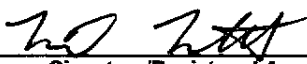


Signature/Incorporator

9/10/99

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.



Signature/Registered Agent

9/10/99

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA