TRANSMITTAL LETTER

Department of thate Division of Corporation P. J. Box 6327 Tallahassee, FL 32314	000	34	1117
SUBJECT:	. King Cobra	Sales TV3	e suffix)
900021470795 -04/17/9701088014 ******70.00 ******70.00 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	□\$122.50 Filing Fee & Certified Copy	Filing Fee AR Certificate
		ADDITIONAL CO	PY REQUISED
FROM: L.T. + Carol Raley Name (Printed or typed) PO BOX 5587 Address Tallahaasel, Flor, 32314			
Po Box 5587			
Tallahasse, Flor, 32314 City, State & Zip			
" Inday	O 4-575-2060 Daytime Telephone number		
	X4/11		·

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: King Cobra Soles Itic, ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: P.O. Box 5587. Tallahassee, F1 32314 3494 M. Crange Mt, POBO Tallahassee, fla. 32310 Talla SHARES 13496 W. ORANGE AVE. TALLAHASSEE, FL 32310 Talla, Flr., 32314 The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1000 INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: TOTAL STEET AUDIES OF UN DIVAMENT PARTY TOTAL AND SEE CON 37310 INCORPORATOR CONSIDERATION CAROL RALEY 3496 W. ORANGE AVE. TALLAHASSEE, F1 32310 The name and address of the incorporator to these Articles of Incorporation are: Carol Raley 3496 W. ORANGE AVE.

(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

Signature/Registered Agent

Tallahassee, Fl 32310

Date