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

FFFFCTIVE DATE

Tallahassee, FL 32314	1-9-	98		j . u		
SUBJECT:	TANYA'S (Proposed c	SALES NC orporate name - must in	clude suffix)		_	
Enclosed is an original ar	nd one(1) copy of the article	es of incorporation ar	湘 湘	/15/9801 ***78.75	105701	-2 0 .75
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122,50 Filing Fee & Certified Copy	\$131 Filing I Certifie & Certi	Fee, ed Copy		
		ADDITIONAL (COPY REQU	ЛКЕД		
FROM:	Name (Pri	ELLIS inted or typed)			-	
	40 NINA J	EAW DRIVE	-	DIVINON O	-77	
	WEST MELBOURA City, S	JE, FL 3290 tate & Zip	4	ASSEE, FL		
	Daytime Telephone number			<u>-</u> .		

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





ARTICLES OF INCORPORATION

y	EFFECTIVE DATE	ON SOME THE PARTY OF THE PARTY
ARTICLES OF INCOR	RPORATION	15/15/15/15/15
The undersigned incorporator, for Business Corporation Act, hereb	or the purpose of forming a corporation by adopts the following Articles of Incor	n under the Florida

ARTICLE	I	NAME

The name of the corporation shall be:

TANYA'S SALES INC.

<u>ARTICLE</u>	H	PRINCIPAL	OFFICE

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

40 NINA HEAN DRIVE WEST MEL GOURNE, FL

<u>ARTICLE III</u> SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 500

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

-- YANYA ELLIS

40 NINA JEN DRIVE West Melbourne, Fl. 32904

<u>ARTICLE V</u> INCORPORATOR

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

TANYA ELLIS

40 NINA JEAN DRIVE

WEST MELBOURNE, FL 32904 EFFECTIVE DATE: TANNARY 9, 1998

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

Signature/Régistered Agent