

1 1				
Department of State Division of Corporation P. O. Box 6327 Tallahassee, FL 32314		Transact In		98 JAN 23 AMIO: 14
SUBJECT:	arnival Kingda Proposed corpo	rate name - must include suf	lales, T	Inc.
	· · ·	O		, e
		41	00002410 -01/23/980 *****78.75	11106006
Enclosed is an original	and one(1) copy of the article	s of incorporation and a c	check for :	1
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM:		rinted or typed)		
-	2117 W. FAIR	Address		
_	WINTER PARK City,	71. 32.789 State & Zip	The Chart	,
_	4675991	9/0 elephone number	TON BY PHO	
	Dayunc 1	elephone number 71. AUTHORIZE	HONEY PHONE TO	>
		CORT.	E AM J	

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.

ADMICI E I MARE	
ARTICLE I NAME The name of the corporation shall be:	
Karnival Kingdom Fai	ry Tales, Inc.
ARTICLE II PRINCIPAL OFFICE	
The principal place of business and mailing address	of this corporation shall be:
2117 W. Fuirbasks Ave	Windor Park P1. 32789.
ARTICLE III SHARES	
	is authorized to have outstanding at any one time is:
9000	
ARTICLE IV INITIAL REGISTERED	AGENT AND STREET ADDRESS
The name and Florida street address of the initial re	gistered agent are:
MARK MONCHER 2	1117 W. Fairbanks Ave.
	W. Ne Puk F1. 32789
ARTICLE V INCORPORATOR	
The name and address of the incorporator to these	Articles of Incorporation are:
MARK MONCHER 211	7 W. FAIR BANKS Are
U	1. No Park P1. 32782
MadAD	1-66-98
Signature/Incorporator	Date

(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 1 - 21 - 43

Signature/Registered Agent

Date