TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 P98000034363

SUBJECT:	Island	Waterworks	8	Kavak	Tours	. Inc.	
		(Propose	d co	orporate na	me - must	include suff	fix)

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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
- \$131.25
- Filing Fee
- Filing Fee,
- & Certified Copy
- Certified Copy
- & Certificate

ADDITIONAL COPY REQUIRED

FROM: Name (Printed or typed)

51 Garden Cove Drive
Address

Key Largo, FL 33037
City, State & Zip

F. CHESSER APR 1 5 1998

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

Daytime Telephone number

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:

Island Waterworks & Kayak Tours, Inc.

ARTICLE II PRINCIPAL OFFICE

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

51 Garden Cove Drive Key Largo, FL 33037

ARTICLE III SHARES

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

100 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Annette F. Fabel 51 Garden Cove Drive Key Largo, FL 33037

ARTICLE V INCORPORATOR

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

Annette F. Fabel
SAME AS ABOVE

Signature/Incorporator REGISTERED AGENT 10 April 98

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

Signa	ture/Re	gistered	l A	gent