TRANSMITTAL LETTER

P98000049836

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

100002543731- S -06/02/98--01026--003 *****131.25 ****131.25

SUBJECT: Ka	nga Merchants, Inc. (Proposed corpor	ate name - must include sui	fix)	_
Enclosed is an original	l and one(1) copy of the articles	s of incorporation and a	check for :	_
□ \$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:	Lynn Lawrence Name (Printed or typed)			
	16019 Westerham Drive			- =
	Address			7.86 PR 186
	Tampa, FL 33647 City, State & Zip			98 JUN -2
	(813) 972-1247			
	Daytime Telephone number		7:51	

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

RP 060498

ARTICLES OF INCORPORATION

98 JUN -2 AM 7:51

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:

Kanga Merchants, Inc.

ARTICLE II PRINCIPAL OFFICE

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

16019 Westerham Drive Tampa, FL 33647

ARTICLE III SHARES

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

10,000 shares - par value \$1.00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Marty Beckerman 16019 Westerham Drive Tampa, FL 33647

ARTICLE V INCORPORATOR

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

Lynn Lawrence 16019 Westerham Drive Tampa, FL 33647

Signature/Incorporator

May 29, 1998

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

Martin Bick SM CM
Signature/Registered Agent

May 29, 1998

Date