TRANSMITTAL LETTER

P9800052903

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

900002556569--5 -06/11/98--01049--015 *****78.75 ******78.75

SUBJECT: Gulf Coast Inports Inc. (Proposed corporate name - must include suffix)				
Enclosed is an origin	al and one(1) copy of the articles	□\$122.50	\$131.25	
Filing Fee	Filing Fee	Filing Fee & Certified Copy	Filing Fee, Certified Copy	
	& Certificate	& Certified Copy	& Certificate	
		ADDITIONAL COL	PY REQUIRED	
FROM: Jim Kenley Name (Printed or typed)				
7319 Captain Kidd Ave. Address				
Sarasota Florida 34231 City, State & Zip				
	(941) 927 - 73 Daytime T	elephone number		
		AUT! CORE	HORIZATION BY P	HONE TO Name bot
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NOTE: Please provide the original and one copy of the articles.				

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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 Gulf Coast Inports, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be P.O. Box 17247, Sarasota, Florida 34276.

ARTICLE III SHARES

The number of shares of stock in this corporation is authorized to have outstanding at any one time is 1000.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent is: James R. Kenley, 7319 Captain Kidd Avenue, Sarasota, Florida 34231

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is: James R. Kenley, 7319 Captain Kidd Avenue, Sarasota, Florida 34231

Signature/Incorporator

6/9/9

Having benn 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 provision 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

Signáture/Registered Agent

Date