

Address

City

State

Phone

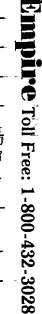
CORPORATION(S) NAME

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7.0

RIFLU

Big D's Dead Head + GIFT Snop, Inc.



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Profit () NonProfit	() Amendment	() Merger	FEB-	
() Foreign	() Dissolution	() Mark		
() Limited Partnership () Reinstatement	() Annual Report) Reservation	() Other () Change of Re	ORIDA AGE	
Certified Copy	() Photo Copies	() Certificate Ur	() Certificate Under Seal	
() Call When Ready Walk in	(() Will Wait) Call If Problem	() After 4:30 p () I	Mail Out & O	

Name
Availability
Document
Examiner
Updater
Verifier

Acknowledgment

W.P. Verifier

CR2E031 (R8-85)

ARTICLES OF INCORPORATION

	of				
BIG D'S DEAD	HEAD + GIFT S- (name of corporation)	HOP, INC.			
The undersigned subscriber(s) to these Articles of corporation under the laws of the State of Florida		ent to contract, hereby form a			
	ICLE I - CORPORATE NAME				
The name of the corporation is: **BIG** D **I D EAD HE	AD + GIFT SHOT	D, TNC			
	ARTICLE II - DURATION	00 FL SECRE			
This corporation shall exist perpetually unless di	issolved according to Florida law.	B-9 HASSE			
•	ARTICLE III - PURPOSE	AMII: 2 OF STAT			
The corporation is organized for the purpose of e United States and the State of Florida.	engaging in any activities or business perm	nitted under the laws of the			
AR	TICLE IV- CAPITAL STOCK				
The corporation is authorized to issue <u>DNE</u> Dollar(s) (\$ 100.00) par value Comm	HUNDRED shares (100) of Constock, which shall be designated "Con	nmon Shares".			
ARTICLE V - INI	TIAL REGISTERED OFFICE AND AGEN	<i>VT</i>			
The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:					
NAME EILEEN D. CAS	9104				
ADDRESS 4311 S.W. 3671	<u>4 S T </u>				
CITY HOLLY WOOD	FLORIDA	ZIP33023			
The principal office, if known, or the mailing ad	dress of the corporation is:	-			
NAME BIC D'S DEAD HER ADDRESS / GD W. FEDERA	40 + GIFT SHOP, I	NC			
	2 HWY				
CITY POMPANO BEACH	FLORIDA	ZIP 33062			

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have \nearrow \nearrow \nearrow	(directors initially. The number	of directors may be either
increased or diminished from time to time by the of the initial director(s) of the corporation are as). The names and addresses
NAME EILEEN D. CASSI	37	
ADDRESS 4311 5.W. 36TH.	54.	
CITY HOLLYWOOD	STATE FC,	ZIP 33023
NAME		
ADDRESS		-
CITY	STATE	ZIP
NAME		
ADDRESS		-
CITY	STATE	ZIP
A P.TT.	CLE VI I - INCORPORATORS	
The names and addresses of the incorporators sig	ming these Articles of Incorporation are as fo	llows:
NAME ELLEEN D. CASSI	DY	
NAME ELLEEN D. CASSI ADDRESS 4311 S.W. 36TH	5T.	
CITY HOLLY WOOD	STATE F-4	ZIP 33023
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP
		· · · · · · · · · · · · · · · · · · ·
IN WITNESS WHEREOF, the undersigned subs day of JA~UHCY 19_000.	criber(s) have executed these Articles of Inco	rporation this 12
day 0. 471	0 1	
	2 Ilen D Co	my (Seal)
		(Seal)
		(Seal)

CERTIFICATE AND KNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT OF

BIG D'S DEAD HEAD + GIFT SHOP, INC,

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 431/ 5. w. 36TH 5T.

HOLLYWOOD FL. 33023

has named E/LEEN D. CASIIDY

located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

(registered agent)