

070000211094620

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H07000211109 3)))



H070002111093ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 AUG 22 PM 2:14

FILED

FLORIDA PROFIT/NON PROFIT CORPORATION

CARTER'S GIFT CARD COMPANY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

8/23/07

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Carter's Giftcard Company, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

The Proscenium, 1170 Peachtree Street NE Suite 900, Atlanta, Georgia 30309

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any lawful purpose

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Michael D. Casey, The Proscenium, 1170 Peachtree Street NE Suite 900, Atlanta, Georgia 30309

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Corporation Service Company, 1201 Hays Street, Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kevin M. Wilson, c/o Ropes & Gray, LLP
One International Place, Boston, MA, 02110

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

By: <u>Doreen Wallace</u>	<u>Doreen Wallace</u>	<u>8/20/07</u>
Signature Registered Agent	Assistant Vice President	Date
<u>[Signature]</u>		<u>8/20/07</u>
Signature Incorporator		Date

FILED
07 AUG 22 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA