# F00000007078

#### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations				
SUBJECT:It's Engraved! Gifts from the "Hea:	rt", Inc.			
(Name of corporation - must incl	ude suffix)			
Dear Sir or Madam:				
The enclosed "Application by Foreign Corporation for Authorizatio "Certificate of Existence", and check are submitted to register the alto transact business in Florida.				
Please return all correspondence concerning this matter to the follow	wing:			
Attorney Mark Beauregard				
(Name of Person)				
Resnic, Beauregard, Waite & Driscoll	<u> </u>			
(Firm/Company)	T>			
302 High Street	unt			
(Address)	12/2			
Holyoke, MA 01040	( \sigma ( \sigma )			
(City/State and Zip code	)			
For further information concerning this matter, please call:	2000035,040425 -12/18/0001094015 *****87.50 *****87.50			
Mark Beauregard at (413 ) 536÷6	9653			
(Name of Person) (Area Code & Daytime Telephone Number)				
Registration Section Registration  Division of Corporations Division of 409 E. Gaines St. P.O. Box 6	f Corporations			
Enclosed is a check for the following amount:				
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & □ \$87.50 Filing Fee,  Certificate of Status Certified Copy Certified Copy Certified Copy				

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	It's Engraved! Gifts from the "	Heart", I	nc.					
	(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or							
	words or abbreviations of like import in language			s a corporation instead of	a			
	natural person or partnership if not so contained in	i ine name at p	resent.)					
2.	Delaware	3.	061564693					
	(State or country under the law of which it is inco	(FEI number, if applicable)						
4.	October 25, 1999	5.	perpetual					
	(Date of incorporation)	==	(Duration: Yes	ar corp. will cease to exis	t or "perpetua	ıl")		
6.	Upon qualification							
	(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")							
	(SEE SECTIO	NS 607.1501,	607.1502 and 8	17.155, F.S.)				
7.	93 Thisřledown, Suffield, CT 06	078				_		
	(Principal office address)							
	93 Thistledown, Suffield, CT 06	078						
(Current mailing address)								
	,	J	,			<del></del>		
o	To operate retail wift shops wi	th engrav	ing servic	es		)330 		
8. To operate retail gift shops with engraving services  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)								
	(1 dipose(s) of corporation addicates in not	ine state or cot	mary to be curre	A out in batto of I totical		8 2 5		
9.	Name and street address of Florida registe	red agent:	(P.O. Box or M	Iail Drop Box <u>NOT</u> ac	ceptable),	忌 し		
	ρε Name: Pauline Ehrman ΕΗΚΩ				웃	<del></del>		
	Name: Pauline Ehrman EHRA	N A M W	. :	•	등급			
0:	ffice Address: 2204 New York Avenue							
	Trailer Estates		-					
	Bradenton		, Florida_					
	(City)			(Zip code)				

#### 10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Pauline Ehrman (Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

#### 12. Names and business addresses of officers and/or directors:

## A. DIRECTORS Chairman: \_ Katherine A. Dilascia Address: 93 Thistledown Suffield, CT 06078 Vice Chairman: Address: \_ Director: \_ Address: Director: Address: \_\_\_ B. OFFICERS President: Katherine A. DiLascia Address: 93 Thistledown Suffield, CT 06078 Vice President: Address: Secretary: Katherine A. DiLascia Address: 93 Thistledown, Suffield, CT 06078 Treasurer: Kafhérine A. DiDascia Address: 93 Thistledown, Suffield, CT 06078 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Katherine A. DiLascia

(Typed or printed name and capacity of person signing application)

# State of Delaware

### Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "IT'S ENGRAVED] GIFTS FROM THE
"HEART", INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE
OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE
EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE
SIXTEENTH DAY OF NOVEMBER, A.D. 2000.

OO DEC 18 M 11: 04
SECRETARY OF STATE
ARRANGE FLORIDA

Edward J. Freel, Secretary of State

AUTHENTICATION: 0798570

DATE: 11-16-00