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(Req	juestor's Name)	
(Add	lress)	
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PICK-UP	☐ WAIT	MAIL
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(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Iling Officer:	
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Office Use Only



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9/12 H

Giftology, Inc.

1655 Boston Road Unit B7 Springfield, MA 01129-1155 Tel: 413-439-2844 Fax: 413-439-0075

Email: djohnson@hannoush.com

September 3, 2013

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re:

Application for Certificate of Authority

Giftology, Inc.

Ladies and Gentlemen:

Enclosed please find our completed Application by Foreign Corporation for Authorization to Transact Business in Florida, together with our check for \$78.75 to cover the filing fee, and a Massachusetts Certificate of Good Standing.

Your acceptance and approval of this application will be most appreciated.

If you have any questions regarding this matter, please do not hesitate to contact me for clarification or assistance.

Thank you for your cooperation.

Best regards,

Donald S. Johnson

Lease Administrator

encl: Application by Foreign Corporation for Authorization to Transact Business in Florida Giftology check no. 1264 for \$78.75 dated 7/29/13 photocopy of Massachusetts Certificate of Good Standing dated 7/24/13

COVER LETTER

TO: New Filing Section Division of Corpora	tions .		
CIETOL			
SUBJECT: GIFTOL	OGY, INC.		
	Name of corporation	n - must include suffix	
Dear Sir or Madam:			ı
The enclosed "Application b "Certificate of Existence," o above referenced foreign cor	r "Certificate of Good Sta	anding" and check are sub	
Please return all corresponde	ence concerning this matt	er to the following:	
Norman A. Hann	oush, Treasure	er ·	
	Name of	f Person	
Giftology, Inc.			
	Firm/Co	mpany	
1655 Boston Roa	ad, Unit B7	•	
	Add	ress	
Springfield, MA ()1129		
	City/State	and Zip code	
norman@hannous	h.com		
Ē	-mail address: (to be used	for future annual report r	otification)
For further information conc	erning this matter, please	call:	. • •
Norman Hannou	at (439-2846	
Name of Person	Area	Code & Daytime Telepho	one Number
STREET/COURIE New Filing Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 323	tions ter Circle	MAILING AI New Filing Se Division of Co P.O. Box 6327 Tallahassee, F	ction rporations
Enclosed is a check for the fe	ollowing amount:		
□ \$70.00 Filing Fee 💢	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status &

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.

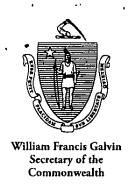
(Enter name of co	DGY, INC. rporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"	
(If name unavaila	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida	·)
₂ Massachi	usetts 3.	46-2658628	
(State or country u	inder the law of which it is incorporated)	(FEI number, if applicable)	_
4. 04/30/201	13 . 5.	perpetual	
•	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual"	
_{6.} anticipate	d to be Sept. 1, 2013		_
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
₄ 1655 Bost	on Road, Unit B7	, , , , , , , , , , , , , , , , , , , ,	
/	(Principal office add	ress)	
Springfield	, MA 01129		
	(Current mailing add	ress)	_
to engage	e in lawful husiness, includ	ling retail sales	
	e in lawful business, include of corporation authorized in home state or co		_
(Purpose(s)	of corporation authorized in home state or co	ountry to be carried out in state of Florida)	_
(Purpose(s) 9. Name and street	of corporation authorized in home state or co	ountry to be carried out in state of Florida)	- - J
(Purpose(s)	of corporation authorized in home state or contaddress of Florida registered agent: (P.C Corporation System	ountry to be carried out in state of Florida) D. Box NOT acceptable)	73 3
(Purpose(s) 9. Name and street	of corporation authorized in home state or co	ountry to be carried out in state of Florida) D. Box NOT acceptable)	13 9EP
(Purpose(s) 9. Name and street Name:	of corporation authorized in home state or contaddress of Florida registered agent: (P.C Corporation System	Ountry to be carried out in state of Florida) O. Box NOT acceptable)	13 95 12
(Purpose(s) 9. Name and street Name:	of corporation authorized in home state or contaddress of Florida registered agent: (P.C. CT Corporation System 1200 South Pine Island Ro	ountry to be carried out in state of Florida) D. Box NOT acceptable)	OWNSON GERY
9. Name and street Name: Office Address:	of corporation authorized in home state or contaddress of Florida registered agent: (P.C. CT Corporation System 1200 South Pine Island Rope Plantation (City)	D. Box NOT acceptable) Dad , Florida 33324	TO SEP 12 PH 3
(Purpose(s) 9. Name and street Name: Office Address: 10. Registered ag Having been name	of corporation authorized in home state or contaddress of Florida registered agent: (P.C CT Corporation System 1200 South Pine Island Rope Plantation (City) ent's acceptance: end as registered agent and to accept serve	Dentry to be carried out in state of Florida) D. Box NOT acceptable) Dad , Florida 33324 (Zip code) lice of process for the above stated corporation at the	OVER BY SERVICE STATES
(Purpose(s) 9. Name and street Name: Office Address: 10. Registered ag Having been name designated in this	of corporation authorized in home state or contaddress of Florida registered agent: (P.C. CT Corporation System 1200 South Pine Island Rolling Plantation (City) ent's acceptance: and as registered agent and to accept service appointment of the appointment of	Dentry to be carried out in state of Florida) D. Box NOT acceptable) Dad , Florida 33324 (Zip code) lice of process for the above stated corporation at the ment as registered agent and agree to act in this ca	place
(Purpose(s) 9. Name and street Name: Office Address: 10. Registered ag Having been name designated in this of further agree to co	of corporation authorized in home state or contaddress of Florida registered agent: (P.C. CT Corporation System 1200 South Pine Island Rolling Plantation (City) ent's acceptance: and as registered agent and to accept service appointment of the appointment of	Dentry to be carried out in state of Florida) D. Box NOT acceptable) Dad , Florida 33324 (Zip code) lice of process for the above stated corporation at the ment as registered agent and agree to act in this cap relative to the proper and complete performance of	place
(Purpose(s) 9. Name and street Name: Office Address: 10. Registered ag Having been name designated in this of further agree to co	of corporation authorized in home state or contaddress of Florida registered agent: (P.C. CT Corporation System 1200 South Pine Island Royal Plantation (City) ent's acceptance: end as registered agent and to accept service application, I hereby accept the appointment of all statutes in the provisions of all statutes in the statutes of the statutes	Dentry to be carried out in state of Florida) D. Box NOT acceptable) Dad , Florida 33324 (Zip code) lice of process for the above stated corporation at the ment as registered agent and agree to act in this cap relative to the proper and complete performance of	place
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(Purpose(s) 9. Name and street Name: Office Address: 10. Registered ag Having been name designated in this of further agree to co	of corporation authorized in home state or contaddress of Florida registered agent: (P.C. CT Corporation System 1200 South Pine Island Royal Plantation (City) ent's acceptance: end as registered agent and to accept service application, I hereby accept the appointment of all statutes in the provisions of all statutes in the statutes of the statutes	Dentity to be carried out in state of Florida) D. Box NOT acceptable) Dad , Florida 33324 (Zip code) Ice of process for the above stated corporation at the ment as registered agent and agree to act in this caprelative to the proper and complete performance of my position as registered agent. Lauren H. Kreatz Special Appletance	place

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: CAMILE A. HANNOUSH 1656 FOMON ROAD, UNIT 187 Vice Chairman: ___ **B. OFFICERS** President: Camile A. Hannoush Address: _1655 Boston Road, Unit B7 Springfield, MA 01129 Vice President: Peter A., Nabil A., Anthony A. & George A. Hannoush Address: same address for all four individuals Secretary: Norman A. Hannoush Address: same address as above Treasurer: Norman A. Hannoush Address: same address as above NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Norman A. Hannoush, Secretary/Treasurer



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

Date: July 24, 2013

To Whom It May Concern:

I hereby certify that,

GIFTOLOGY, INC.

appears by the records of this office to have been incorporated under the General Laws of this

Commonwealth on April 30, 2013.

I also certify that so far as appears of record here, said corporation still has legal existence.

ranin Galein



In testimony of which, I have hereunto affixed the Great Seal of the Commonwealth on the date first above written.

Secretary of the Commonwealth

Certificate Number: 13073295350

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: pmo