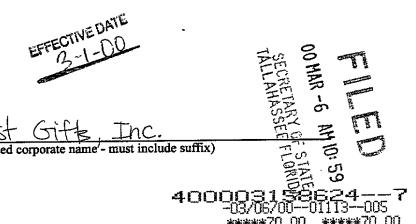
POOCOO 24836

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

SUBJECT:



Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED

FROM:	Kaken Rogets Name (Printed of typed)	
	` · · · · · · · · · · · · · · · · · · ·	
	4502 Northpointe Place	
	Address	
	Pensacola, FL 325/4	
	City, State & Zip	
	(850) 478-9474	
	Daytime Telephone number	

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

3-1-00

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 Gifts, Inc.

Article II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be

4502 Northpointe Place Pensacola, FL 32514

Article III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 shares

Article IV ____INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Karen Rogers 4502 Northpointe Place Pensacola, FL 32514

Article V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Karen Rogers 4502 Northpointe Place Pensacola, FL 32514

Article VI EFFECTIVE DATE

The effective date of these Articles of Incorporation shall be:

3/1/00

Signature/Incorporator

Date

Having been 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 provisions 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.

Signature/Registered Agent

Date