POOCOOOT/5/2

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

SUBJECT:	PROPOSED CORPORAT	12 AVD TE NAME - MUST INCL	INC. UDE SUFFIX)	
Enclosed is an origin	al and one(1) copy of the articles		000033375717 -07/27/0001017002 *****78.75 *****78.75 check for:	
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S8750 S Filing Fee: Certified Copy & Certificate of Status C PY REQUIRED	
FROM: Michelle Lisa Cohen Name (Printed or typed)				
P.O. Box 560498 Address			RECEIVED	
	ORlando fl City,	32856 State & Zip	是 · · · · · · · · · · · · · · · · · · ·	
	407- 425-126 Daytime To	3 elephone number	ラボン 	

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

will wait

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME The name of the corporation shall be:	
The GIFT Wizard, INC.	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 20 West Lucerne Circle #709 Orlando FL, 32801 ARTICLE III PURPOSE The purpose for which the corporation is organized is: To Conduct Business Sales OF Gift Items. ARTICLE IV SHARES	
The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es): Michelle Cohen PO BOX 560498 Orlando FL, 32856	00 JUL 27 AM SECRETARY OF ALLAHASSEE, F
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:	H 9: 0
Michelle Cohen 20 West Lucerne Circle #709 ORlando, Fl 32801 ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
Michelle Cohen	
POBOX 560498 orlando FL, 32856	
**************************************	lace designated in this
Michelle Cohod 7-26. Signature/Registered Agent Date	-00

ARTICLES OF INCORPORATION