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

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SUBJECT:	<u></u>	GIFTS 3		
	(Proposed corpor	rate name - must include su	ffix)	
Enclosed is an origin	al and one(1) copy of the article	s of incorporation and a	check for:	-
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of	
			Status	
		ADDITIONAL CO	PY REQUIRED	
FROM:	SKYWAY 61	FTS DNC rinted or typed)		
	Name (F	inited of typed)	TA:	
	f.o. Box	818		0.0
	Α	Address		

(727) SBI-0419

Daytime Telephone number

City, State & Zip

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



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

July 27, 2000

MAX MAGNASCO P.O. BOX 818 LARGO, FL 33779

SUBJECT: SKYWAY GIFTS INC. Ref. Number: W00000017744

We have received your document for SKYWAY GIFTS INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The document must state the number of shares of authorized stock.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6928.

Tim Burch Document Specialist

Letter Number: 400A00040917



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 17, 2000

MAX MAGNASCO P.O. BOX 818 LARGO, FL 33779

SUBJECT: SKYWAY GIFTS INC. Ref. Number: W00000017744

We have received your document for SKYWAY GIFTS INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6928.

Tim Burch Document Specialist

Letter Number: 700A00038919

ARTÍCLÉS OF INCORPORATION

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:

SKYWAY GIFTS INC.

ARTICLE II PRINCIPAL OFFICE

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

P.O.BOX 818 . LARGO . FL . 33779

ARTICLE III SHARES

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

Number of Sheres = 1

<u>ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

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

MAX MAGNASCO ,1201 Serinole BLUD #78, LARGO FL 33770

ARTICLE V INCORPORATOR

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

MAX MAGNASCO . 1201 SCHINOLE BLVD # 78. LARGO, FL. 33770

Signature/Incorporator

4-15-00

Date

(An additional article must be added if an effective date is requested.)

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

J215-50

Date