

P01000001152

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 922-4001

From: Account Name : CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 222-1222

FLORIDA PROFIT CORPORATION OR P.A.

CYPRESS GIFT SHOP INC.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 (4) |
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B. McKnight JAN 04 2001

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Articles of Incorporation

Of

CYPRESS GIFT SHOP INC

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

CYPRESS GIFT SHOP INC

ARTICLE II PRINCIPAL OFFICE

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

6019 BUENA VISTA CT, BOCA RATON, FL-333433

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 address of the initial registered agent is

SUNIL T KHIYANI
6019 BUENA VISTA CT
BOCA RATON, FL-33433

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ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

SUNIL T KHIYANI 6019 BUENA VISTA CT, BOCA RATON, FL-33433
SINDHU KHIYANI

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

31st Day of January, 2000 2001.

[Signature]
Signature

[Signature]
Signature

Signature

Articles of Incorporation
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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE / REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: CYPRESS GIFT SHOP INC

2. The name and address of the registered agent and office is:

SUNIL T KHIYANI
6019 BUENA VISTA CT
BOCA RATON, FL-33433

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Having been named as the 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

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