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Florida Department of State  
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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.

BRICKELLE GIFT SHOP INC.

Certificate of Status	0
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B. McKnight JAN 04 2001

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# Articles of Incorporation

## Of

### BRICKELLE 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:

BRICKELLE 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

3<sup>rd</sup> Day of January, 2000 2001.

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Articles of Incorporation  
Filing Fee - \$35

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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.

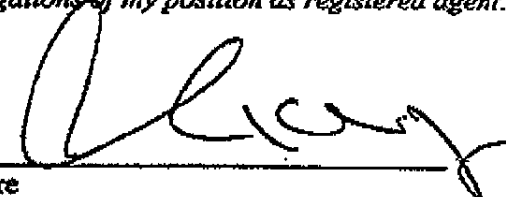
1. The name of the corporation is: BAICKELLE GIFT SHOP INC

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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