Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

: (850)922-4001

Fromi

Account Name

: CAPITAL CONNECTION, INC.

Account Number : 120000000257 Phone

: (850) 224-8870

Fax Number

: (850) 222-1222'

FLORIDA PROFIT CORPORATION OR P.A

SOUTH MIAMI GIFT SHOP, INC.

Certificate of Status	0
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Estimated Charge	\$70.00

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CAPITAL CONNECTION

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Articles of Incorporation

SOUTH MIAMI 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

The name of the corporation shall be:

SOUTH MIAMI 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

Day of January 2000 2 col.

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: SOUTH MIAMI 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 O1 JAN -3 AM 9: 40
SECRETARY OF STATE
TALLAHASSEE, FIORIN.

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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