TRANSMITTAL LETTER

P01000072409

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

SUBJECT:

Above All Baskets, Inc.

PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX

600004488516--2 -07/20/01--01108--014

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

- □ \$70.00
- □ \$78.75
- Filing Fee
- Filing Fee
- & Certificate of Status
- **□** \$78.75
- \$87.50
- Filing Fee
- Filing Fee,
- & Certified Copy
- Certified Copy
- & Certificate of
- Status

ADDITIONAL COPY REQUIRED

FROM: Patricia Laurenceau

285 NE 159th Street

North Hiami Beach, FL 33162

(305) 724-4306 Daytime Telephone number

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

TICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAMEThe name of the corporation shall be: Baskets, Inc. ARTICLE II ___ PRINCIPAL OFFICE The principal place of business/mailing address is: 085 NE 159th Street North Hlami Beach, FL 33162 **PURPOSE** ARTICLE III The purpose for which the corporation is organized is: Gift Basket Business ARTICLE IV SHARES The number of shares of stock is: bne ARTICLE V INITIAL OFFICERS DIRECTORS (optional) The name(s) and address(es): tatricia Laurenceau ass NE 169th Street North Miami Beach, FL 33162 ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Laurenceau ratricia L 285 NE 159th Street Miami Beach, FL 33162 *INCORPORATOR* ARTICLE VII The name and address of the Incorporator is: <u> autenceau</u> ricia L NIS 159th Street Beach, HL 33162 ******************************** Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity 7/19/200/ Date 7/19/200/

Signature/Incorporator