Pagnetal Frank 7/73

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

SUBJECT:	CHERISHED KEE	PSAKES, INC	1 .			
(Proposed corporate name - must include suffix)						
		00	0004716 -12/10/01 *****70.0	5 1906 -01062025 0 *****70.00		
Enclosed is an original and one(1) copy of the articles of incorporation and a check for :						
≸ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Cop & Certificate	у		
		ADDITIONAL CO	PY REQUIRED			
FROM:	LONI SIB	RAVA inted or typed)	7. a 			
9835-15 LAKE WORTH ROAD						
LAKE WORTH FL 33467 City, State & Zip 954-474-9000 Daytime Telephone number						
Daytime Telephone number PS NO PROPERTY OF STATE OF STAT						

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

FILED

01 DEC 10 PM 12: 13

ARTICLES OF INCORPORATION

SECRETARY OF STATE

The undersigned incorporator, for the purpose of forming a corporation under the Business Corporation Act, hereby adopts the following Articles of Incorporation.	Florida TALLAHASSEE FLORID
ARTICLE I NAME The name of the corporation shall be:	
CHERISHED KEEPS	SAKES, INC.
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall	be:
9835-15 LAKE W ARTICLE III SHARES LAKE WORTH FL The number of shares of stock that this corporation is authorized to have out	33467
100 Shrs	
	ONI SIBRAVA
ARTICLE V INCORPORATOR	35-15 LAKE WORTH ROAD AKE WORTH, FL 33467
	ONI SIBRAVA
98 Li	AKE WORTH, FL 33467
Signature/Incorporator	12-6-01 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 abo	ove stated corporation at the place designated in this
certificate, I hereby accept the appointment as registered agent and agree to act	in this canacity. I further agree to commit with the
provisions of all statutes relating to the proper and complete performance of	my duties and I am familian with and account the
obligations of my position as registered agent	my dunes, and I am jamiliar with and accept the

Signature/Registered Agent

Date