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TRANSMITTAL LETTER

FILED

02 SEP 24 AM 8:20

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200007977442--6  
-09/24/02--01019--001  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: INFINITE GIFTS, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: HOWARD ROSS

Name (Printed or typed)

6180 N.W. 84th Avenue

Address

Miami, FL 33166

City, State & Zip

(954) 935-1054

Daytime Telephone number

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

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9/27

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

INFINITE GIFTS, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

6180 N.W. 84TH AVENUE, MIAMI, FL 33166

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

WHOLESALE SOUVENIRS

**ARTICLE IV SHARES**

The number of shares of stock is:

1000

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

Howard Ross, President, 6180 N.W. 84th Avenue, Miami, FL 33166

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

Howard Ross  
6180 N.W. 84th Avenue  
Miami, FL 33166

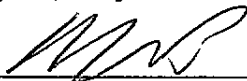
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Howard Ross  
6180 N.W. 84th Avenue  
Miami, FL 33166

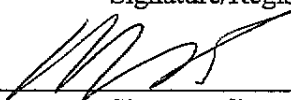
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Signature/Registered Agent

9-17-02  
Date



Signature/Incorporator

9-17-02  
Date

**FILED**

02 SEP 24 AM 8:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA