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PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name)
(Document Number)		
Certified Copies	Certificates of	Status
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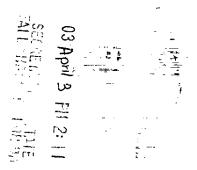
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03/13/03--01017--025 **40.00

03/19/03--01017--026 **38.75





TRANSMITTAL LETTER

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

SUBJECT:	A. Baskets I	SC		
	(PROPOSED CORPORA'	re name – <u>Must Incli</u>	UDE SUFFEX)	
			,	
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	a check for:	
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: Amanda J. Conyers and Lawa M. Retiver				
	1665 ONON Da	ga Dr.		
	Geneva, Fl. 3	2732_ State & Zip		
	407-349-2651 o	r 407-331-467	2	

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



March 19, 2003

AMANDA J. CONYERS AND LAURA M. REINER 1665 ONON DAGA DR. GENEVA, FL 32732

SUBJECT: L.A. BASKETS, INC. Ref. Number: W03000007896

We have received your document for L.A. BASKETS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not serve as its own registered agent. Please designate an individual or another active entity filed or registered with this office, having a Florida street address.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6965.

Shannon Elliott Document Specialist New Filings Section

Letter Number: 003A00016941

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:
L.A. Baskets, Inc.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 1665 ONON Daga Dv.
General Flad 32 ARTICLE III PURPOSE The purpose for which the corporation is organized is:
Home based manufacturer askenbling nitrackaged grovels for resair.
(Gift Baskets)
ARTICLE IV SHARES The number of shares of stock is: 1,000 (Detault amount)
ARTICLE V INITIAL OFFICERS DIRECTORS Inptionally The name(s), address(es) and title(s):
Amanda J. Conyers. and Laura M. Rewer
586 Calibre Crest Pky #202 1665 ONON Daga Dr.
Altomoste Springs, FI 32714 Geneva, FI 32732
The name and Florida street address of the registered agent is: LA. Baskets Inc. Lawra M. Rainer 1665 ONON Baga Dr.
Genera, Fr. 32732 ARTICLE VII INCORPORATOR The name and address of the Incorporator is:
LA Bockets In Laura, Keiner - and - Amanda J. Conyor 1665 ONON Daga Dr. M. #802 Calibre Crost P. Genera, F132732

Havipg been named as registered agent to accept service of process for the above stated corporation at the place designated in this

Signature/Registered Agent

Imania (17) (17) (11) 3-8

Signature/Incorporator

conflicate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

<u>3-8-2003</u> Date