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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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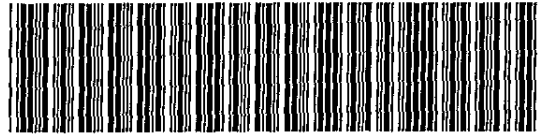
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## TRANSMITTAL LETTER

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

**SUBJECT:** Cards Galore, 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  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Samuel B. Sami

Name (Printed or typed)

9091 Blaine Road

Address

Spring Hill, FL 34608

City, State & Zip

(352) 688-0606

Daytime Telephone number

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

**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:

Cards Galore, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

2957 Duff Road, Lakeland, FL a/k/a Huntington Hills Plaza

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Sale of greating cards and gifts.

**ARTICLE IV SHARES**

The number of shares of stock is:

100 shares, no par

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

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

Samuel B. Sami, 9091 Blaine Road, Spring Hill, FL 34608

- President/Treasurer/Director

Denise M. Schmitt, 13850 Old Dade City Road, Kathleen, FL 33849

- Vice President/Secretary/Director

**ARTICLE VI REGISTERED AGENT**

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

Samuel B. Sami

9091 Blaine Road

Spring Hill, FL 34608

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Samuel B. Sami

9091 Blaine Road

Spring Hill, FL 34608

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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 famillar with and accept the appointment as registered agent and agree to act in this capacity*

Samuel B. Sami  
Signature/Registered Agent Samuel B Sami

3-27-03

Date

Samuel B. Sami  
Signature/Incorporator Samuel B Sami

3-27-03

Date

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TALLAHASSEE FLORIDA