

Division of Corporations Public Access System

#### Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000144132 5)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0381

From:

١

Account Name : HUBCO

Account Number : 104662003400

: (516)935-3940

Fax Number

: (516)935-3088



03 \$78.75

# FLORIDA PROFIT CORPORATION OR P.A.

Gift Basket Sensations, Inc.

	Certificate of Status
/ X' 1	Certified Copy
	Page Count
/ h (l	Estimated Charge
Mys	,

H03000144132

#### ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Gift Basket Sensations, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

Gift Basket Sensations, Inc.

960 NW 92nd Terrace Plantation, FL 33324

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

Eileen Lawrie 8401 SW 26 Street Davie, FL 33324 O3 APR 25 AH 8: OC SECRETARY OF STATI

## ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

Eileen Lawrie - 8401 SW 26 Street, Davie, FL 33324 - Vice President/Treasurer Christine Newell - 960 NW 92nd Terrace, Plantation, FL 33324 - President/Secretary

### ARTICLES VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Eileen Lawrie 8401 SW 26 Street Davie, FL 33324

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

24th day of April 2003.

Eileen Lawrie - Signature

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation	is: Gift Basket Sensations, Inc.	·
2. The name and address of the re-	gistered agent and office is:	
	Eileen Lawrie	
	Name	
	8401 SW 26 Street	
	(P.O. Box or Mail Drop Box NOT Acceptable)	
	Davie, FL 33324	
	(City / State / Zip)	
corporation at the place designed agent and agree to act in this ca	ed agent and to accept service of process for the above stated ated in this certificate, I hereby accept the appointment as registere apacity. I further agree to comply with the provisions of all the state olete performance of my duties, and am familiar with and accept the gistered agent.	utes
. /	08/A7 08/A7	0 1

Eileen Lawrie

**SIGNATURE** 

April 24, 2003

(Date)