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Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0381

Account Name : SIEGELAUB, LIEBERMAN & ASSOCIATES, P.A.

Account Number : Il9990000058 : (954)753-6042 Phone Fax Number : (954)753-1123

FLORIDA PROFIT CORPORATION OR P.A.

GOTTA HAVE IT GADGETS! INC.

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$78.75

ARTICLES OF INCORPORATION OF

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

ARTICLE ONE

NAME

The name of the corporation shall be:
Gotta Have It Gadgets! Inc.

ARTICLE TWO-

PRINCIPAL OFFICE

The principle place of business and mailing address of this Corporation shall be:

12603 NW 13th Street Sunrise, Fl 33323

SIEGELAUB, LIEBERMAN & ASSOCIATES, P.A. 9690 W. Sample Road SUITE 202 CORAL SPRINGS, FL 33065 (954)753-2222 H030001942249

SECTETY AT W 8 14

ARTICLE THREE CAPITAL STOCK

The number of shares of stock that this Corporation is authorized to have outstanding at one time is one thousand shares of common stock with a par value of one dollar.

ARTICLE FOUR

INITIAL REGISTERED AGENT & ADDRESS

The name and address of the initial registered agent is:

Edna Ortiz

12603 NW 13th Street

Sunrise, Fl 33323

ARTICLE FIVE

INCORPORATOR

The name and address of the Incorporator is:

Edna Ortiz
12603 NW 13th Street
Sunrise, FL 33323

The undersigned has executed these Articles of Incorporation. This 14th day of May.

Ad executivities

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CERTIFICATE OF DESIGNATED REGISTERED AGENT

Pursuant to the provisions of section 607.0501 Florida Statutes, the Undersigned Corporation, under the Laws of the State of Florida submits to the following statement designating the registered agent in the State of Florida.

1. The name of the corporation is: Gotta Have It Gadgets! Inc.

2. The name and address of the registered agent

Edna Ortiz

12603 NW 13th Street

Sunrise, Fl 33323

Signature:

Dates

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Having been named as the Registered Agent and to accept service of process for the above stated corporation at the place designated in this Certificate, I accept the appointment as Registered Agent and agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Signature:

DATA .

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