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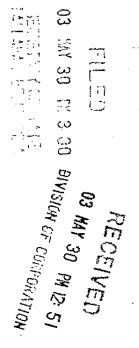
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AZARUS CORPORATE F	ILINO SERVICE
20 S.W. 87 AVENUE	
IAMI, FLORIDA (305)552-5973	
ERESA ROMAN (TALLAHASSE	E REPRESENTATIVE)
	OFFICE USE ONLY
	**
CORPORATION NAME(S) &	& DOCUMENT NUMBER(S) (if known):
1 ATINIBU G	SIFT SHOPYMAS COAP
(Corporation Name)	(Document #)
2. (Corporation Name)	(Document #)
3.	(Document #)
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4. (Corporation Name)	(Document #)
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Mail out Will wait	Photocopy Certificate of Status
NEW FILINGS	AMENDMENTS
NEW FILINGS Profit	AMENDMENTS  Amendment
Profit NonProfit	AMENDMENTS  Amendment  Resignation of R.A., Officer/Director
Profit NonProfit Limited Liability	AMENDMENTS  Amendment  Resignation of R.A., Officer/Director  Change of Registered Agent
Profit NonProfit Limited Liability Domestication	AMENDMENTS  Amendment  Resignation of R.A., Officer/Director  Change of Registered Agent  Dissolution/Withdrawal
Profit NonProfit Limited Liability	AMENDMENTS  Amendment  Resignation of R.A., Officer/Director  Change of Registered Agent
Profit NonProfit Limited Liability Domestication Other	AMENDMENTS  Amendment  Resignation of R.A., Officer/Director  Change of Registered Agent  Dissolution/Withdrawal  Merger
Profit NonProfit Limited Liability Domestication Other  OTHER FILINGS	AMENDMENTS  Amendment  Resignation of R.A., Officer/Director  Change of Registered Agent  Dissolution/Withdrawal
Profit NonProfit Limited Liability Domestication Other  OTHER FLINGS Annual Report	AMENDMENTS  Amendment  Resignation of R.A., Officer/Director  Change of Registered Agent  Dissolution/Withdrawal  Merger  REGISTRATION/
Profit NonProfit Limited Liability Domestication Other  OTHER FILNGS Annual Report Fictitious Name	AMENDMENTS  Amendment  Resignation of R.A., Officer/Director  Change of Registered Agent  Dissolution/Withdrawal  Merger  REGISTRATION/ QUALIFICATION
Profit NonProfit Limited Liability Domestication Other  OTHER FLINGS Annual Report	AMENDMENTS  Amendment  Resignation of R.A., Officer/Director  Change of Registered Agent  Dissolution/Withdrawal  Merger  REGISTRATION/ QUALIFICATION  Foreign  Limited Partnership
Profit NonProfit Limited Liability Domestication Other  OTHER FILNGS Annual Report Fictitious Name	AMENDMENTS  Amendment  Resignation of R.A., Officer/Director  Change of Registered Agent  Dissolution/Withdrawal  Merger  REGISTRATION/ QUALIFICATION  Foreign

CR2E031(9/92)

## 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:

ATINIBU GIFT SHOP Y MAS, CORP

#### ARTICLE II - PRINCIPAL OFFICE

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

359 NW 103 TERR PEMBROKE PINES,FL 33026

#### ARTICLE III - SHARES

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

ONE HUNDRED SHARES AT \$1.00 PER VALUE

# ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ANNETTE LAUZARDO 359 NW 103 TERR PEMBROKE PINES,FL 33026 03 MY 30 NI 3: 00

### ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

ANNETTE LAUZARDO 359 NW 103 TERR PEMBROKE PINES, FL 33026

The undersigned incorporator has executed these Articles of incorporation this <u>28</u> day of <u>MAY</u>, 20<u>03</u>.

**ARTICLE VI - DIRECTOR(S)** 

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

PRESIDENT TREASURER VICE-PRESIDENT SECRETARY ANNETTE LAUZARDO 359 NW 103 TERR PEMBROKE PINES, FL 33026

100%

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related 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
ANNETTE LAUZARDO

Witness my hand and official seal at Hialeah, Dade county, Florida, this <u>28</u> days of <u>MAY</u>, 2003..

Notary Public, State of Florida

My Commission Expires:



SECRET WAY SO PM 3: 00