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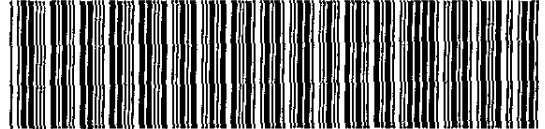
(Business Entity Name)

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TALLAHASSEE, FL 32399

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LAW OFFICES OF

Steven Friedman

MEMBER OF FLORIDA AND NEW YORK BAR.

9-4-03

Florida Department of State
409 East Gaines Street
Tallahassee, Florida 32399

RE: RSVP GIFTS, INC.

Ladies and Gentlemen:

Enclosed please find an original and one (1) copy of the Articles of Incorporation of RSVP GIFTS, INC.

Upon issuance please return a conformed copy of the ARTICLES and certificate. A return envelope is enclosed for your convenience.

My check payable to the Secretary of State in the sum of \$70.00 is enclosed.

Thank you for your attention to the foregoing.

Very truly yours,
/S/ *Steven Friedman*
Signed Electronically to avoid delay /S/ Steven Friedman
STEVEN FRIEDMAN, ESQ.

SF/jf
Cc: Client
Enclosure

ARTICLES OF INCORPORATION

THE UNDERSIGNED, incorporator, for the purpose of forming a Corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ONE: The name of the Corporation is:

RSVP GIFTS, INC.

TWO: The principal place of business and mailing address of this Corporation shall be:
9089 NORTH MILITARY TRAIL
#27
PALM BEACH GARDENS, FLORIDA 33410

THREE: The Corporation shall have perpetual existence, unless sooner dissolved according to law. The date when the Corporation shall commence is upon the filing of these Articles of Incorporation by the Department of State, State of Florida.

FOUR: The general purpose for which this Corporation is initially organized and the general nature of the business to be transacted by said corporation shall be and is as follows:

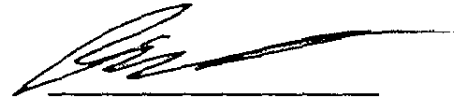
To engage in, transact and include the transaction of any and all lawful business for which corporations may be incorporated under the laws of the State of Florida, including the Florida General Corporation Act, as amended.

FIVE: The aggregate number of shares which this corporation shall have authority to issue shall be a total of One Thousand (1000) Shares, par value common, with one dollar par value.

SIXTH: The street address of its initial registered agent's office is: 235 N. UNIVERSITY DRIVE, PEMBROKE PINES, FLORIDA 33024. The name of its initial registered agent at such office is: RON B. SCHMIDT. I hereby accept to act as a registered agent at the office

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TALLAHASSEE, FLORIDA

so designated.



**RON B. SCHMIDT,
REGISTERED AGENT**

SEVEN: The number of directors constituting the Board Of Directors shall be three. Thereafter, the Board Of Directors may be expanded. The name and address of each person who is to serve as a member of the initial Board Of Directors is:

**LOIS D. SCHMIDT
709 VOYAGER LANE
NORTH PALM BEACH, FLORIDA 33410**

**LAURA J. LASSMAN
6339 WOODTHRUSH COURT
PALM BEACH GARDENS, FLORIDA 33418**

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TALLAHASSEE, FLORIDA

EIGHT: The name and address of each incorporator is

**RON B. SCHMIDT
235 N. UNIVERSITY DRIVE
PEMBROKE PINES, FLORIDA 33024**

NINTH: The officers of this Corporation shall be a President, Vice-President, Secretary and Treasurer and such other officers or agents as may be deemed necessary. All agents and officers shall be chosen in such manner, hold their offices for such terms and have such powers and duties as may be prescribed by the By-Laws as determined by the Board Of Directors.

TEN: These Articles Of Incorporation may be amended in the manner as provided by law.

CERTIFICATE OF SERVICE

IN WITNESS WHEREOF, I, the undersigned, subscribing incorporator, have hereunto set my hand and seal this 4 day of SEPTEMBER, 2003, and hereby make and file, in the Office Of the Secretary Of State Of The State Of Florida, this, CERTIFICATE OF INCORPORATION and certify that the facts herein stated are true.



**RON B. SCHMIDT,
INCORPORATOR**

Attorney:

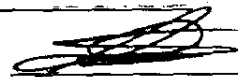
**STEVEN FRIEDMAN, ESQ.
235 North University Drive
Pembroke Pines, Florida 33024
Telephone: 954-966-2710**

**STATE OF FLORIDA)
)SS:
COUNTY OF BROWARD):**

SWORN AND SUBSCRIBED TO before by RON B. SCHMIDT, on this 4th day of SEPTEMBER, 2003.

Personally Known ✓ or Produced Identification _____

Type of Identification Produced: _____



**NOTARY PUBLIC
MY COMMISSION EXPIRES:**

