

P03000110990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

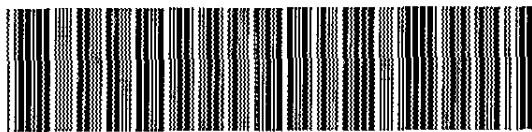
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

✓ D. WHITE OCT - 8 2003

Office Use Only



300021846843

10/08/03--01002--024 \*\*78.75

FILED

RECEIVED

03 OCT - 8 PM 12:51

03 OCT - 8 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE FLORIDA

OFFICE USE ONLY(DOCUMENT # )

**LAZARUS CORPORATE FILING SERVICE**

**3320 S.W. 87 AVENUE**

**MIAMI, FLORIDA (305)552-5973**

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. A GIFT PLACE INC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2.00 ☒ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

## ARTICLES OF INCORPORATION

FILED

03 OCT -8 PM 12:51

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*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:

A Gift Place Inc.

### ARTICLE II PRINCIPAL OFFICE

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

6870 S.W. 77th Terr.  
Miami, Fl 33143

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: Five (500) Hundred Shares One Dollar (1) per value common stock

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Natasha Navarro  
6870 S.W. 77th Terr  
Miami, Fl 33143

**ARTICLE V INCORPORATOR(S)**

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

Natasha Navarro  
6870 S.W. 77th Terr  
Miami, Fl 33143

**ARTICLE VI DIRECTOR(S)**

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

Natasha Navarro (President & Secretary)  
6870 S.W. 77th Terr  
Miami, Fl 33143

**The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 7 day of October, 2003**



\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Signature**

FILED

03 OCT -8 PM 12:51

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/ REGISTERED OFFICE**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/ registered agent, in the State of Florida.

1. The name of the corporation is: A Gift Place Inc.

2. The name and address of the registered agent and office is:

Natasha Navarro

(NAME)

6870 S.W. 77th Terr

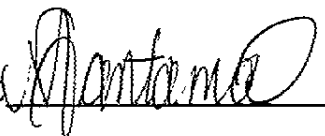
(P.O. BOX NOT ACCEPTABLE)

Miami, Fl 33143

(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE 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 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



DATE

10-7-2003