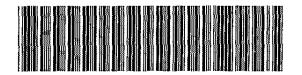
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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MA	IL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Ph F	amily Enterprises, inc.			
-	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:	_
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	Patricia P. Harvin	(Printed or typed)		
_	410 Nineteenth Stree			
	·	Address		
St. Augustine, Florida 32084				
<u>,</u>	City	State & Zip	, ·	• 12
	(904) 829-6000			
	Daytime 1	elephone number		

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

December 1, 2003

PATRICIA P. HARVIN 410 NINETEENTH ST ST AUGUSTINE, FL 32084

SUBJECT: PH ENTERPRISES, INC.

Ref. Number: W03000035722

We have received your document for PH ENTERPRISES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6052.

Tammy Hampton Document Examiner New Filings Section

Letter Number: 503A00064423

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

O3 NOV 21, AN 10: 04 SECRETAR: U JATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

PH Family Enterprises, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 1835 US 1 South, Suite 119-324 St. Augustine, Florida 32084

ARTICLE III _ PURPOSE

The purpose for which the corporation is organized is:

Internet and catalog sales of home accessories and gifts. Any other such activities as are necessary and incidental to the operation of the business.

ARTICLE IV SHARES

The number of shares of stock is:

100 common shares at \$1.00 par value per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Director: Patricia P. Harvin 410 Nineteenth Street St. Augustine, Florida 32084

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Patricia P. Harvin 410 Nineteenth St. St. Augustine, Florida 32084

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Patricia P. Harvin 410 Nineteenth St. St. Augustine, Florida 32084

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent Date

Signature/Incorporator

Date