

P04000054398

(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:

Office Use Only



900030839889

03/30/04--01051--005 **78.75

RECEIVED
04 MAR 30 AM 11: 27
DIVISION OF CORPORATION

FILED
04 MAR 30 PM 2: 19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

js

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134

City/State/Zip

(305) 444-4994

Phone #

OFFICE USE ONLY

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

1. Animals & Gifts, corp.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- Walk in Pick up time Certified Copy
 Mail out Will wait Photocopy Certificate of Status

FILED
 04 MAR 30 PM 2:19
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

Date MARCH 29, 2004

FILED
04 MAR 30 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Re ANIMALS & GIFTS, CORP. Inc.
(name of corporation)

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

(individual's name)

ANIMALS & GIFTS, CORP.

(name of corporation)

MAILING ADDRESS OF CORPORATION

4315 NW 7 ST., STE 15

MIAMI, FL 33126

PHONE

(305) 567-1562

Area Code

Phone Number

Ext.

ARTICLES OF INCORPORATION

of

ANIMALS & GIFTS, CORP.

(name of corporation)

The undersigned subscriber(s) to these Articles of incorporation, natural person(s) competent to contract hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

ANIMALS & GIFTS, CORP.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue FIVE HUNDRED shares (500) of ONE Dollar(s) (\$ 1.00) par. value Common Stock, which shall be designated "Common Shares".

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	ADA C. LOPEZ
ADDRESS	4315 NW 7 ST., STE 15
CITY	MIAMI STATE FLORIDA ZIP 33126

The principal office, if known, or the mailing address of the corporation is:

NAME	ANIMALS & GIFTS, CORP.
ADDRESS	4315 NW 7 ST., STE 15
CITY	MIAMI STATE FLORIDA ZIP 33126

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have TWO (2) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	ADA C. LOPEZ	PRESIDENT
ADDRESS	4315 NW 7 ST., STE 15	
CITY	MIAMI	STATE FLORIDA ZIP 33126
NAME	MILAGROS LOPEZ	VICE PRESIDENT
ADDRESS	4315 NW 7 ST., STE 15	
CITY	MIAMI	STATE FLORIDA ZIP 33126
NAME		
ADDRESS		

FILED
MAR 30 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT**

**CERTIFICATE OF REGISTERED AGENT
OF**

ANIMALS & GIFTS, CORP.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation
at 4315 NW 7 ST., STE 15

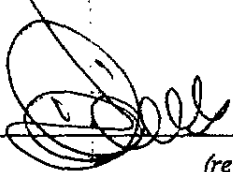
MIAMI, FL 33126

has named ADA C. LOPEZ

located at the aforesaid address, as its Registered Agent to accept service of process
within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above
stated corporation at the place designated in this certificate, and being familiar with
the obligations of that position, I hereby accept to act in this capacity, and agree to
comply with the provisions of Florida Law in keeping open said office.

X 

(registered agent)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAR 30 PM 2:20

FILED