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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

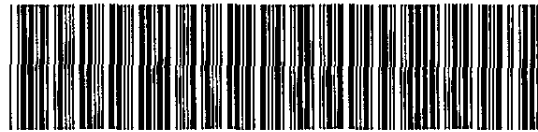
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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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. FAMILY MEMORIES, INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 3.00 ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
☒	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of R.A., Officer/Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

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STICKER DIVISION

Examiner's Initials

CERTIFICATE OF INCORPORATION
OF
FAMILY MEMORIES, INC.

We, the undersigned, hereby associate ourselves together for the purpose of becoming a corporation under the laws of the State of Florida. Providing for the formation, rights, privileges, immunities and liabilities of Incorporation for profit.

ARTICLE I

The name of the corporation should be:

FAMILY MEMORIES, INC.

ARTICLE II

The corporation will engage in any activity or business permitted under the laws of the State of Florida and the United States of America.

ARTICLE III

The maximum number of shares which the corporation is authorize to issue and have outstanding at any one time is 100 shares of common stock, which shares shall be of no par value. All stock is to be issued as fully paid and exempt from assessment.

ARTICLE IV

The pledge, sale, transfer or other disposition of the capital stock may be governed and restricted by the by-laws or written agreement among the stockholders which shall be on file in the office of the corporation.

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DIVISION
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ARTICLE V

The amount of capital with which its corporation may begin doing business shall be not less than five hundred dollars (\$500.00).

ARTICLE VI

The existence of the corporation is perpetual.

ARTICLE VII

The initial post office address of the principal office of corporation in the State of Florida is : 13211 GLACIER NATIONAL DR APT 5507, ORLANDO FLORIDA.

The board of directors may from time to time move the principal office to any other address in the State of Florida.
The registered address of the corporation is: **13211 GLACIER NATIONAL DR APT 5507, ORLANDO FLORIDA** and the registered agent at the address is **ANGEL R. LEON**

ARTICLE VIII

The business of the corporation shall be managed by a board of directors consisting of no less than one nor more than five directors. A quorum for the holding of a meeting of the board of directors and for the transactions of any business which will be properly done by the directors on behalf of the corporation shall consist of majority of members thereof; but the directors, by unanimous consent in writing, included among the minutes of the corporation, may consent to the doing of any act and such consent in writing shall have the same force and effect as though the said act had been done and authorized at a meeting at which a quorum had been present, or such duties may be delegated to an executive committee.

ARTICLE IX

The names and post office of the members of the first board of directors and the slate of corporate officers are as follows:

ANGEL R LEON 13211 GLACIER NATIONAL DR APT 5507
PRESIDENT ORLANDO, FLORIDA 32837

Stock of the corporation may be issued pursuant to the Provisions of section 1244 of the Internal Revenue Service Code, so that the stockholders of the Corporation may receive the benefits provided thereunder.

In witness whereof, we have hereunto set our hands and
Seals this July 29th, 2004

A handwritten signature in black ink, appearing to read 'A R L', is positioned above the printed name and address of Angel R Leon.

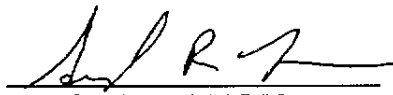
ANGEL R LEON
13211 GLACIER NATIONAL DR
ORLANDO, FL 32837

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR
DOMICILE FOR THE SERVICE OF PROCESS WITHIN
FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY
BE SERVED.

Pursuant to the provisions of the section 607.0501, Florida
Statutes, the undersigned corporation, organized under the
Laws of the State of Florida.

the name of the corporation is: **FAMILY MEMORIES, INC.** with its
principal place of business at City of ORLANDO, State of Florida has
named **ANGEL R LEON** located at 13211 GLACIER NATIONAL
DR APT 5507, ORLANDO, FLORIDA 32837 as agent to accept
process in State of Florida County of **ORANGE**

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.


ANGEL R LEON
REGISTERED AGENT

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