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PICK-UP	WAIT	MAIL
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Certified Copies	_· Certificates	of Status
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## TRANSMITTAL LETTER

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

LEAVE	ENILY CIETE INC				
SUBJECT: HEAVE	(PROPOSED CORPORA'	TE NAME - MUST INCL	UDE SUFFIX)	<del></del>	
					·
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	a check for:		
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\$70.00	\$78.75	\$78.75	\$87.50		
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy		
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		ADDITIONAL CO	PY REQUIRED		
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FROM: KU	IRTIS RODRIGUEZ	,			
<u></u>	Name	(Printed or typed)		_	5
	4440 NE 200 TERRACE			04/	NS:
	1148 NE 209 TERRACE	Address		O4 AUG	
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MIAMI, FLORIDA 33179-2054			70	~ 0 =	
		State & Zip	·	12	
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	(305) 653-6685		<b>#</b> 1.	ת	-4-

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

Daytime Telephone number

## ARTICLES OF INCORPORATION

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

#### ARTICLE I NAME

The name of the corporation shall be:

HEAVENLY GIFTS INC

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 1148 NE 209 TERRACE MIAMI, FL 33179

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SALES OF DECORATIVE ITEMS

#### ARTICLE IV SHARES

The number of shares of stock is:

2

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Kurtis Rodriguez Sherece Rodriguez 1148 NE 209 Terr, Miami, Fl 33179-2054 President 1148 NE 209 Terr, Miami, Fl 33179-2054 Secretary

# ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is:

WARREN D. HODGSON 40 NW 191 STREET MIAMI, FL 33169

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kurtis Rodriguez 1148 NE 209 Terr Miami, Fl 33179-2054

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

renature/Registered Agent

Signature/Incorporator

8-4-04

Date

Date

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