

PO4000154835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

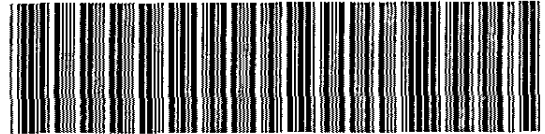
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500042624865

11/12/04--01076--021 **78.75

04 NOV 12 AM 11:43

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 NOV 12 PM 2:10

RECEIVED

RECEIVED
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. PINE'S GIFTS'N CARDS, CORP.
(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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 NOV 12 AM 11:43

ARTICLES OF INCORPORATION

OF

PINE'S GIFTS'N CARDS, CORP.

The undersigned acting as subscribers of a Corporation under the Florida Corporation Law, adopt the following Articles of Incorporation for such Corporation.

ARTICLE I

The name of the Corporation is:

PINE'S GIFTS'N CARDS, CORP.

ARTICLE II

The purpose for which the Corporation is organized is to engage in any activities or business permitted under the laws of the United States and Florida.

ARTICLE III

The aggregate number of shares that the Corporation shall have the authority to issue is SEVEN THOUSAND (7,000) shares of Capital Stock, all of one class, with a par value of One Dollar (\$1.00) per share.

ARTICLE IV

The period of duration of the Corporation is perpetual.

ARTICLE V

The amount of capital with which the Corporation shall begin business is not less than SEVEN HUNDRED FIFTY DOLLARS (\$750.00).

ARTICLE VI

The Principal address of the initial Registered Office of the Corporation is: **14842 S.W. 18 Street, Miramar, FL 33027** and the name of its initial Registered Agent at such address is:

MARIA MORLA

ARTICLE VII

The number of directors constituting the initial Board of Directors of the Corporation are two.

MARIA MORLA	14842 S.W. 18th Street Miramar, FL 33027
--------------------	---

ROBERT PINERO	14842 S.W. 18th Street Miramar, FL 33027
----------------------	---

ARTICLE VIII

The names and addresses of the initial subscribers are:

MARIA MORLA	14842 S.W. 18th Street Miramar, FL 33027
--------------------	---

ARTICLE IX

The following named person shall be the officer of this Corporation for the first year of its existence or until their successors are elected and have qualified:

MARIA MORLA	President and Director
--------------------	-------------------------------

ROBERT PINERO	Secretary, Treasurer, and Director
----------------------	---

ARTICLE X

Shareholders shall not be entitled to preemptive rights.

IN WITNESS WHEREOF, we the undersigned, have made, subscribed and acknowledged this Article of Incorporation, this 11 day of November, 2004.

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.

Maria Morla
MARIA MORLA, Subscribers
and Registered Agent

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 NOV 12 AM 11:43

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and County aforesaid to take acknowledgments, personally appeared MARIA MORLA, to me known to be the person(s) described in or who (have)(has) produced N/A as identification and who executed the foregoing document and she acknowledged before me that she executed the same.

WITNESS my hand and official seal in the County and State aforesaid this 11 day of November, 2004.

My commission expires:

Juan E. Valdes
NOTARY PUBLIC, State of Florida

