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SECRETARY OF STATE
TALLAHASSEE, FL 32301

cf. 3-2

TRANSMITTAL LETTER

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

SUBJECT: A & A GIFTS & NOVELITIES INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: MAQSOOD SIDDIQUI

Name (Printed or typed)

1625 BURY PORT DR

Address

ORLANDO , FL 32837

City, State & Zip

(407) 468-7400

Daytime Telephone number

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

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:

A & A GIFTS & NOVELTIES INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5730 WEST IRLO BRONSON HWY # 101 , KISSIMMEE , FL 34746

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO OPERATE RETAIL STORE OF GIFTS & NOVELITIES . THE TRANSACTION OF ANY OR ALL LAWFUL PURPOSES FOR WHICH CORPORATIONS MAY BE INCORPORATED UNDER THE FLORIDA BUSINESS CORPORATION ACT AND IN COMPLIANCE WITH CHAPTER 607 AND /OR CHAPTER 627 , F.S. (PROFIT) .

ARTICLE IV SHARES

The number of shares of stock is:

COMMON STOCK - 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MAQSOOD SIDDIQUI , 1625 BURRY PORT DR , ORLANDO , FL 32837 --- PRESIDENT / SECRETARY

ARTICLE VI REGISTERED AGENT

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

MAQSOOD SIDDIQUI , 1625 BURRY PORT DR , ORLANDO , FL 32837

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MAQSOOD SIDDIQUI , 1625 BURRY PORT DR . , ORLANDO , FL 32837

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

ma qsood sid

Signature/Registered Agent

FEB 23 , 2005

Date

ma qsood sid

Signature/Incorporator

FEB 23 , 2005

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA