## P05000069388

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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SLONE DAY II A 8:27

## TRANSMITTAL LETTER

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

SUBJECT:	A Basquet C (PROPOSED CORPORA	cese, Inc. Tename- <u>mustincl</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	a check for:
☐ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	Cari York Name	(Printed or typed)	
	197 1612 Verde	WC14 Address	
	Paim Brain Gr.	State & Zip	3418
	(50) 240 Daytime T	R-8040	

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



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 16, 2005

CARI YORK 197 ISLE VERDE WAY PALM BCH GARDENS, FL 33418

SUBJECT: A BASQUET CASE, INC.

Ref. Number: W05009013758

We have received your document for A BASQUET CASE, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unable to contact you DIRECTLY by telephone.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

## Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White Document Specialist New Filings Section

Letter Number: 905A00018154

OS HAY II AN ID: 50

ARTICLE I NAME The name of the corporation shall be:	2005 MAY 11 A 8: 27
	All WTALLAHASSEE. FLORIDA Beach
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  308 ISIC VCrac Way, Palm	Deach Gurdens, FL 33418
ARTICLE III PURPOSE  The purpose for which the corporation is organized	d is:
Agift basket business	
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/O List name(s), address(es) and specific title(s):	OR DIRECTORS
Cari Visck, President, Sec	cretary
Ronda Gagnon- Vice Presi	ident, Treasurer
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NO Cari York, 1977 Ble Verde  Ocum Beach Cr	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
Runda Gagnon, 203 Isle	- Verde Way each Gardens, FL 33418
**************	**************************************
Signature/Registered Agent	3/1/05 Date
Konda Dagne	3/7/05
Signature/Incorporator	Date

FILED

· / . · . ·

ARTICLES OF INCORPORATION

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