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## PD5-000085347

(Requestor's Name)				
(Address)	<del></del>			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Scenisso Link, Famo)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
	- 1			
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Office Use Only



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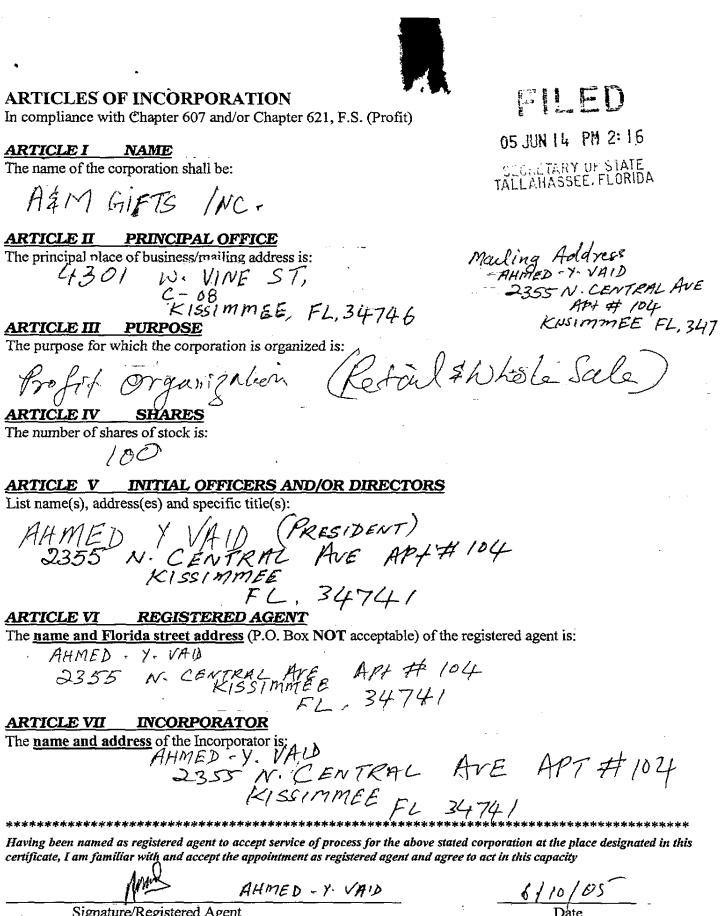
6/14/05 BUX



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

SUBJECT:	A & M GIFTS / (PROPOSED CORPORA	NC - TE NAME – MUST INCL	UDE SUFFIX)
	,		
Enclosed are an orig	inal and one (i) copy of the art	icles of incorporation and	I 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:	AHMED - Y- V		
-	2355 N.CENTI	RAL AVE #	104
-	K13SI	MMEE FL , State & Zip	34741
-	(407) 8 Daytime 1	46 - 2592 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:

AAM GIFTS INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

W. VINE ST, C-08 KISSIMMEE, FL, 34746

The purpose for which the corporation is organized is:

ARTICLE IV

The number of shares of stock is:

100

INITIAL OFFICERS AND/OR DIRECTORS

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

FL, 34741

ARTICLE VI REGISTERED AGENT

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

AHMED . Y. VAW

N. CENTRAL AVE APT # 104 FL. 34741

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

Signature/Registered Agent

AHMED - Y. VAID

AHMED - Y. VAID