(Requestor's Name)

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(Cit	ty/State/Zip/Phon	e #)
PICK-UP		
(Bu	isiness Entity Nai	me)
(Dc	ocument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
	Office Use Or	llv

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COVER LETTER

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

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SUBJECT: DIVINE OASIS GIFTS & BOOKS, 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

\$87.50		
Filing Fee,		
Certified Copy		
& Certificate of		
Status		
ADDITIONAL COPY REQUIRED		

FROM: ANGELA FILKINS

Name (Printed or typed)

17836 48 CT N

Address

LOXAHATCHEE, FL 33470

City, State & Zip

561 352 9739

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:

DIVINE OASIS GIFTS & BOOKS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 1107 ROYAL PALM BEACH BLVD ROYAL PALM BEACH, FL 33411

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: RETAIL GIFT & BOOK STORE

<u>ARTICLE IV SHARES</u>

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ARTICLE VI REGISTERED AGENT

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

ANGELA FILKINS 17836 48 CT N LOXAHATCHEE, FL 33470

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: ANGELA FILKINS 17836 48 CT N LOXAHATCHEE, FL 33470

Signature/Incorporator

5/31/06 Date 5/31/06

FILED

06 JUN - 5 PM 4: 48 SECRETARY OF STATE

TALLAHASSEE, FLORIDA