

P06000099208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

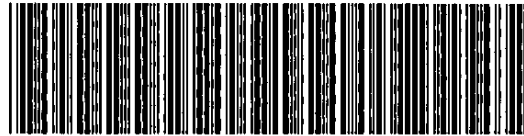
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200077976062

07/27/06--01012--007 \*\*78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 JUL 27 PM 1:47

1/4

## COVER LETTER

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

SUBJECT: Themed Gift Baskets Ltd, 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: James P. Tierney

Name (Printed or typed)

P.O. Box 3233

Address

St. Augustine, FL 32085-3233

City, State & Zip

904-874-2884

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:

Themed Gift Baskets Ltd, Inc.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 JUL 27 PM 1:47

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

36 Saragossa Street  
Suite A  
St. Augustine, FL 32084

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The creation and sale of gift baskets.

### **ARTICLE IV SHARES**

The number of shares of stock is:

10,000

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

James P. Tierney - P.O. Box 3233 - St. Augustine, FL 32085-3233  
Director of Marketing & Sales

Kathleen O'Neil - 133 Coastal Hollow Circle - Vilano Beach, FL 32084  
Creative Director

### **ARTICLE VI REGISTERED AGENT**

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

James P. Tierney  
36 Saragossa Street  
Suite A  
St. Augustine, FL 32084

### **ARTICLE VII INCORPORATOR**

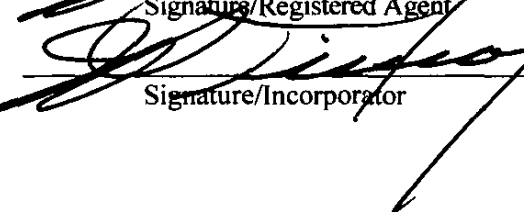
The name and address of the Incorporator is:

James P. Tierney  
P.O. Box 3233  
St. Augustine, FL 32085-3233

\*\*\*\*\*

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

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date