

P 12000030781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

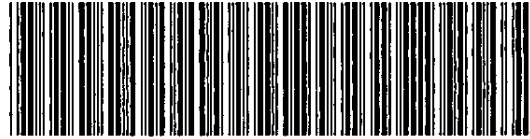
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700226174877

03/29/12--01018--004 \*\*70.00

J. Shivers MAR 30 2012

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 MAR 29 PM 1:15

FILED

**COVER LETTER**

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

*Copy*

**SUBJECT: Gifts-n-Recuerdos, 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: Flor Taveras

Name (Printed or typed)

6568 Bayboro Ct

Address

Orlando, Fl 32829

City, State & Zip

407-207-6814

Daytime Telephone number

ltaveras7@cfl.rr.com

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 MAR 29 PM 1:15

FILED

**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: Gifts-n-Recuerdos, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
6568 Bayboro Ct  
Orlando, FL 32829

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Sell Household gift items at retail level.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Flor Taveras President  
Address: 6568 Bayboro Ct  
Orlando, FL 32829

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: Andres Taveras Secretary  
Address: 6568 Bayboro Ct  
Orlando, FL 32829

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Flor Taveras  
Address: 6568 Bayboro Ct  
Orlando, FL 32829

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Flor Taveras  
Address: 6568 Bayboro Ct  
Orlando, FL 32829

FILED  
2012 MAR 29 PM 1:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Flor Taveras

Required Signature/Registered Agent

3/23/2012

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Flor Taveras

Required Signature/Incorporator

3/23/2012

Date

FLOR TAVERAS