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inter the	e email address f	for this business entity to be used for future

FLORIDA PROFIT/NON PROFIT CORPORATION MIAMI MEMORIES GIFT SHOP, INC.

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OctoBER 8th 2013

Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of Miam MEMORIES OFT Ship of Doc# P0400007282 are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.

Very sincerely,

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ARTICLES OF INCORPORATION

SECRETARY OF STATE TALLAHASSEE, FLORIDA

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

Miami MEMORIES Gift Shop, Inc.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

7707 NW 103 RD STREET, Higher FL 33016

M- 6706 NW 166 TH TELL Higher FL 33014

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MARIA M. GONZALES 6706 NW 166 TH TERR HIALEAH FL 33014

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE V - INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

MARIA M. GONZALES 6706 NW 166 TH TERR WILL FE 33014

The undersigned incorporator has executed these Articles of Incorporation this day of OCTODET 20 13.

ARTICLE VI- DIRECTOR (S)

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The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

MARIA M. GONZALES

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT
/REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature

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