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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAY -8 PM 1:02

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## COVER LETTER

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

**SUBJECT:** Passions Gifts, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Antonio L. Minichino

Name (Printed or typed)

71 Camellia Avenue

Address

Mount Dora, FL 32757

City, State & Zip

352-459-3562

Daytime Telephone number

modelmalemale@yahoo.com

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

**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: Passions Gifts, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

606 W. Main Street

Suite #1

Leesburg, FL 34748

Mailing address, if different is:

71 Camellia Avenue

Mount Dora, FL 32757

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Retail Gift Shop

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Antonio L. Minichino, Pres.

Address: 71 Camellia Avenue

Mount Dora, FL 32757

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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DIVISION OF CORPORATIONS  
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(cont.)

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

**ARTICLE VI REGISTERED AGENT**

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

Name: Antonio L. Minichino  
Address: 71 Camellia Avenue  
Mount Dora, FL 32757

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Antonio L. Minichino  
Address: 71 Camellia Avenue  
Mount Dora, FL 32757

*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*

Antonio L. Minichino  
Required Signature/Registered Agent

5-1-14  
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.*

Antonio L. Minichino  
Required Signature/Incorporator

5-1-14  
Date