P16000049925

(Re	equestor's Name)			
(Address)				
(Ac	ldress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate:	s of Status		
Special Instructions to Filing Officer:				

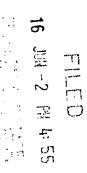
Office Use Only

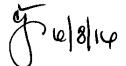
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COVER LETTER

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

SUBJECT:	GiftJa. INC			_
	(PROPOSED CORPORA'	ΓΕ NAME <u>MUST INCL</u>	<u>UDE SUFFIX</u>)	
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	d a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status	
FROM:	Saxon E Name		otmant A	
	Cainesulle,	FL 3260 State & Zip	<u> </u>	FILED
	Saxon Roys	4-1432 Elephone number JYEvans E	Gmail.com	
	E-mail address: (to be used	for future annual report i	iourication)	

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

May 19, 2016

SAXON EVANS 1014 SW 1ST AVENUE, APT A GAINESVILLE, FL 32601

SUBJECT: GIFTJA, INC.

Ref. Number: W16000036468

We have received your document for GIFTJA, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

The fees for profit and nonprofit, domestic or foreign are as follows:

Filings Fees:

\$35.00

Registered Agent

Designation

\$35.00

Certified Copy

\$8.75

Certificate of Status

\$8.75

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Sylvia Gilbert

Regulatory Specialist II

Letter Number: 016A00010686



March 31, 2016

SAXON EVANS 1014 SW 1ST AVENUE APT. A GAINESVILLE, FL 32601

SUBJECT: TME CORPORATION Ref. Number: W16000023955

We have received your document for TME CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 216A00006623

EFFECTIVE DATE DUPON 100

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME The name of the corpora	tion shall be:	F+Ja,	Inc	FILED 16 Juli -2 Fi 4: 55
ARTICLEII PRINC 777 174 Naples F	Principal street address	oth_		Mailing address; if different is:
ARTICLE III PURPO The purpose for which of CiC+ G	SE the corporation is organize well	d is: <u>to</u> 058te	prov	side a Social Service to
ARTICLE V INITIA	stock is: /, OO	DIRECTORS	 =0	S. C. S. C. E.
Name and Title	Watthew 5603/ Village Cir	cle, Lake	<u>.</u>	South, Naples, FL 34102
Name and Title	:		Name and Title	:
Address			Address:	
Name and Title	·		Name and Title	::
Address	-			

•				
Name and Title:	Name and Title:			
Address	Address:			
ARTICLE VI REGISTERED AGENT				
The <u>name and Florida street address</u> (P.O. Box NOT acceptable)	of the registered agent is:			
Name: Sakon Wons	<u> </u>			
Address: 777 17th Ave South Naples, FL 3	<u>. </u>			
South Naples, FL 3	4102			
ARTICLE VII INCORPORATOR	A REPORT OF			
The name and address of the Incorporator is:				
Name: Saxon Exain 3	<u> </u>			
· Address: 777 17th Ave	දින් පැ -			
South Vaples FC	<u></u>			
	_			
ARTICLE VIII EFFECTIVE DATE:	1-1 3-16			
Effective date, if other than the date of filing:	15+ 60 t. (OPTIONAL) not be more than five business days prior or 90 business			
days after the filing.)	not be more than five business days prior of 50 business			
Note: If the date inserted in this block does not meet the applicab				
the document's effective date on the Department of State's records	3.			
Having been named as registered agent to accept service of proce	ess for the above stated corporation at the place designated in			
this certificate, I am familiar with and accept the appointment as r				
Required Signature/Registered Agent	April 2646 201			
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.				
	Λ			
Required Signature/Incorporator	April 26th 2016			