

P 16 000049925

(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

2541-



900283649839

03/28/16--01012--005 **70.00

FILED

16 JUN -2 PM 4:55

g 6/8/14

COVER LETTER

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

SUBJECT: Giftja. 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: Saxon Evans
Name (Printed or typed)

1014 SW 1st Ave Apartment A
Address

Gainesville, FL 32601
City, State & Zip

239-384-1432
Daytime Telephone number

Saxon Rowdy Evans @ Gmail.com
E-mail address: (to be used for future annual report notification)

FILED
16 JUN -2 PM 4:55

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

FILED
16 JUN -2 PM 4:55
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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

FILED
16 JUN -2 PM 4:55
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 06/01/14

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:

GiftJa, Inc

FILED

16 JUN -2 PM 4:55

ARTICLE II PRINCIPAL OFFICE

Principal street address

777 17th Ave South
Naples FL 34102

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide a Social
Gift Giving website and Service to
Users.

ARTICLE IV SHARES

The number of shares of stock is:

1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Matthew Ahke, CEO

Name and Title:

Saxon Evans, CEO

Address

5603 Lake Shore
Village Circle, Lake
Worth, FL, 33463

Address:

777 17th Ave
South, Naples, FL
34102

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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: Saxon Evans

Address: 777 17th Ave

South Naples, FL 34102

ARTICLE VII INCORPORATOR

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

Name: Saxon Evans

Address: 777 17th Ave

South Naples FL 34102

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: June 1st 2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Saxon Evans
Required Signature/Registered Agent

April 26th 2016
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.

Saxon Evans
Required Signature/Incorporator

April 26th 2016
Date

FILED
16 JUN -2 PM 4:55
TALLAHASSEE, FL
DEPARTMENT OF STATE