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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353

Phone : (800)221-2972

Fax Number : (888)692-9256

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FLORIDA PROFIT/NON PROFIT CORPORATION DOMINICS GIFT HOUSE INC.

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T. SCOTT

7

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| The name of the corpora | DOMINICS GIFT HOUSE | INC. | | |
|---|---|----------------|-----------------------------------|----------|
| ARTICLE II PRIN | <u>CIPAL OFFICE</u> Principal <u>street</u> address | | Mailing address, if different is: | |
| 9421 EAST BAY HAI | RBOR DR - 7D | 9421 E | AST BAY HARBOR DR - 7D | |
| BAL HARBOR, FL 33 | 3154 | BAL H. | ARBOR, FL 33154 | |
| ARTICLE III PURP. The purpose for which | | ALE SOUVENIR | S | |
| | | | | |
| | | | | |
| | ES 100 stock is: AL OFFICERS AND/OR DIRECTORS | | | ., |
| Name and Title | JESUS TAPIA - DIRECTOR | Name and Title | e; | , |
| Address | 9421 EAST BAY HARBOR DR - 7D | | (| |
| | BAL HARBOR, FL 33154 | | | |
| | | | 100 M | <u>.</u> |
| | | | © E ≯ | 5 |
| Name and Title: | : | | | |
| Address | | Address: | | |
| | | ~ | | _ |
| Name and Title | | Nome and Title | | _ |
| | | | * | _ |
| Address | | Address: | | |
| | | - | | - |

| Name a | nd Title: | Name and Title: |
|---|--|---|
| Address | | Address: |
| | | - |
| | | |
| | | |
| | REGISTERED AGENT | |
| he <u>name and I</u> | florida street address (P.O. Box NOT acceptable) | of the registered agent is: |
| Vame: | JESUS TAPIA | _ |
| Address: | 9421 EAST BAY HARBOR DR - 7D | |
| | BAL HARBOR, FL 33154 | |
| anner e var | INCORDOR (TOR | |
| KIICLE VII | INCORPORATOR | |
| he name and a | ddress of the Incorporator is: | |
| Name: | JESUS TAPIA | _ |
| Address: | 9421 EAST BAY HARBOR DR - 7D | |
| | BAL HARBOR, FL 33154 | |
| | EURECTINE BATE | |
| ffective date if | EFFECTIVE DATE: Other than the date of filing: | (OPTIONAL) |
| If an effective (ling.) | date is listed, the date must be specific and cana | ot be more than five days prior or 90 days after the |
| | inserted in this block does not meet the applicable effective date on the Department of State's records | e statutory filing requirements, this date will not be listed |
| Having been nan his certificang, L | med as registered agent to accept service of process f am funition with and accept the appointment as regis | ir the above stated corporation at the place designated in tered agent and agree to act in this capacity |
| 1/2 | - / 'p- | 09/19/2017 |
| A | Relifited Signature/Registered Agent | Date |
| | ument and affirm that the facts stated herein are tre | ec. I am aware that the false information submitted in a |
| summit inis doc focument to the f i | Department of State constitutes a third degree felong of | s provided for in s.817.155, F.S. |
| | red Signature Incorporator | s provided for in s.817.155, F.S. 09/19/2017 |