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RECEIVED

CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WAIKIN

	WALKIN		
	PICK UP	: BROOK 6/5	
	CERTIFIED COPY	-	
XX	РНОТОСОРУ		
	GS		
XX	FILING	INC	
	ARTISANA GIFTS INC.		
	(CORPORATE NAME AND DOCUME	NT #)	TO LOW TO SERVICE AND PAGE
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,	(CORPORATE NAME AND DOCUME	[NT #)	SIAIE SIAIE
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ECIAI	LINSTRUCTIONS:		

COVER LETTER

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

SUBJECT: Artisana Gifts Inc (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:			
\$70.00 Filing Fee	□\$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Status			
			ESTATE			
FROM:	Artisana Gifts	Inc				
	Name (Printed or typed)					
	4302 Sawyer Circle, Apt A					
_	Address					
	Saint Cloud, FL 34772					
	City, State & Zip					
	407-572-3586					
<u> </u>	Daytime Telephone number					
	signaturehandmadegifts@gmail.com					
	E-mail address: (to be us	ed for future annual report	notification)			

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: Artisana Gifts Inc.

	RTICLE II PRINCIPAL OFFICE Principal street address		Mailing address, if different is:		
4302 Sawyer Circle, Apt					
Saint Cloud, FL 34772					
					
					
ARTICLE III DURBO)CE				
The purpose for which to	he corporation is organized is:				
A and I amful Dusiness					
Any and Lawful Business	<u> </u>				
· · · · · · · · · · · · · · · · · · ·			_ •		
			2024		
		<u> </u>	, C= "#"		
			7888		
ARTICLE IV SHAR	FC		SSS		
The number of shares of			11100		
the manifer of shares of	3000 13. 100		AH 9: 47		
ARTICLE V INITL	AL OFFICERS AND/OR DIRECTORS		m 7		
Name and Title	: Karim Zrineh - President	Name and Title			
Name and The					
Address	4302 Sawyer Circle, Apt A	Address:			
	Saint Cloud, FL 34772				
Name and Title	:	Name and Title:			
Address		Address:			
Name and Title		Name and Title:			
Address		Address:	<u> </u>		
		<u> </u>			

Name and Title:		Name and Title:	Name and Title:		
Address		Address:			
ARTICLE VI The name and	REGISTERED AGENT I Florida street address (P.O. Box NOT acce	eptable) of the registered agent is:			
Name:	Karim Zrineh				
Address:	4302 Sawyer Circle, Apt A				
	Saint Cloud, FL 34772				
<u>ARTICLE VI</u>	I INCORPORATOR				
The name and	d address of the Incorporator is:				
Name: Ka	rim Zrineh				
Address: 4	1302 Sawyer Circle, Apt A		2021		
	Saint Cloud, FL 34772		024 JUN -5		
ARTICLE VI Effective date (If an effective filing.)	III EFFECTIVE DATE: e, if other than the date of filing: 06-05-2024 we date is listed, the date must be specific:	(OPTIONAL) and cannot be more than five days p	rior or 90 days after the		
Note: If the o	date inserted in this block does not meet the t's effective date on the Department of State	applicable statutory filing requirements 's records.	s, this date will not be listed as		
Having been certificate, I	named as registered agent to accept service o am familiar with and accept the appointmen	f process for the above stated corporation of as registered agent and agree to act in	on at the place designated in this n this capacity		
Karim Zrineh			06-04-2024		
	Required Signature/Registered	Agent	Date		
I submit this document to	document and affirm that the facts stated the Department of State constitutes a third of	herein are true. I am aware that the fa legree felony as provided for in s.817.1	ulse information submitted in a 55, F.S.		
Karim Zrin	eli		06-04-2024		
	enture/Incorporator		oate		