CAPITAL CONNECTION, INC.	of
417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)22: Mailing Address: Post Office Box 10349, Tallahassee, FL 3 TOLL FREE No. 1 800-342-8062	18870 RE: Missol's Gift Stop
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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Surrelary of State

March 7, 1995

CAPITAL CONNECTION, INC. 417 E. VIRGINIA STREET SUITE 1 TALLAHASSEE, FL 32301

SUBJECT: MARISOL'S GIFT SHOP, INC.

Ref. Number: W95000004979

We have received your document for MARISOL'S GIFT SHOP, INC. and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

Please return 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 (904) 487-6925.

Brenda Baker Corporate Specialist

Letter Number: 395A00010090

ARTICLES OF INCORPORATION

FILED 95 MAR -8 PHIZ: 58 SECRETARY OF STATE 12 LAMASSEE, FLORIDA

MARISOL'S GIFT SHOP, INC.

OF

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

MARISOL'S GIFT SHOP, INC.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

MARISOL'S GIFT SHOP 7209 S.W. 57 CT. SOUTH MIAMI, FLORIDA

ARTICLE III - CAPITAL STOCK

The capital stock authorized, the par value thereof, and the class of such stock shall be as follows:

Number of SharesAuthorized	Par Value Per Share	Class of <u>Stock</u>
100	.1	Common

ARTICLE IV - INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is LISA M. SCHILLER, ESQ., 848 BRICKELL AVENUE, SUITE 1100, MIAMI, FLORIDA 33131.

ARTICLE V - INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is Rossina Vilasuso 4995 S.W. 82 Street, Miami, Florida 33143

ARTICLE VI - COMMENCEMENT

This corporation shall commence on the date of which these Articles of Incorporation are filed with the Secretary of State.

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have ***one*** director initially. The number of directors may be either increased or diminished from time to time by the By-Law, but shall never be less than one. The name and address of the initial director of this corporation is:

Name

Address

ROSSINA VILASUSO

4995 S.W. 82nd Street Miami, Florida 33143

ARTICLE VIII - BYLAWS

The power to alter, amend or repeal bylaws shall vested in the Board of Directors and the shareholders.

ARTICLE IX - INDEMNIFICATION

The corporation shall indemnify any officer or director, or any former officer or director, to the fullest extent permitted by law.

ARTICLE X - AMENDMENT

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment thereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation this 28 day of February, 1995.

POSSTNA VILAGUSO

Incorporator

STATE OF FLORIDA COUNTY OF DADE

BEFORE ME, the undersigned authority, authorized to take acknowledgements in the State and County set forth above, personally appeared ROSSINA VILASUSO known to me and known by me to be the Person who executed the foregoing Articles of Incorporation, and he acknowledged before me that he executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this day of February, 1995.

NOTARY PUBLIC State of Florida

My Commission Expires:

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OF CALCAGE OF FLORIDA

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FILED

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SECRETARY OF STATE
LAHASSEF, FLORIDA

I HEREBY CERTIFY that I am familiar with and accept the duties and responsibilities as registered agent.

LISA M. SCHILLER, ESQ. REGISTERED AGENT