# P95000021779 TRANSMITTAL LETTER

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

4 (1000 1001 4 (2:1 2004 -03/06/75--04/081--013 -++++70.00 -++++70.00

(Proposed corporate name - must include suffix)								
Enclosed is an original or : XX \$70.00 Filing Fee	and one (1) cop  \$78.75  Filing Fee & Certificate	py of the articles of \$122.50 Filing Fee & Certified Copy	incorporation and  ### ### ############################	dachu. Y				
FROM:	Gift Depot Inc. Name (printed or typed)							
	P.O. Box 361 Address							
		r, F1. 32147 ity, State & Zip						
	(904) 325 Daytime	-0130 Telephone number	H. SII	MAR 1 7 1995				

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



### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

March 8, 1995

GIFT DEPOT INC. PO BOX 361 HOLLISTER, FL 32147

SUBJECT: GIFT DEPOT INC. Ref. Number: W95000005155

We have received your document for GIFT DEPOT INC. 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 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. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

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) 487-6052.

Hope Sims Corporate Specialist

Letter Number: 495A00010462

# ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of incorporation.

### ARTICLE I NAME

The name of the corporation shall be:

Gift Depot Etc., Inc.

### ARTICLE II PRINCIPAL OFFICE

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

Principal place: 400 Hwy 19 North Palatka, Fl. 32177

Mailing address: P.O. Box 361 Hollister, Fl. 32147

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:  $1\mbox{$900}$  (one-thousand)

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and addiess of the initial registered agent is:

Sheila Cates 116 Deer Run F.O. Box 688 Interlachen, Fl. 32148

### ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

> Sheila Cates 11€ Deer Run P.O. Box 688 Interlachen, Fl. 32148

Glenna E. Pierce 148A Rowland P.O. Box 103 Hollister, Fl. 32147

he undersigned incorporator(s) has(have) executed these Articles of Incorporation this					
First	day of	March	, 19 <sup>95</sup>	1	
	hiila Ca	tes		<del></del>	
80	una E	Signature Signature			
		Signature		<del>_</del>	

**Articles of Incorporation** Filing Fee - \$35

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES. THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The nam	e of the corporation is:	Gift Depot Etc., Inc.	<del></del>
2. The name	and address of the regist	ered agent and office is:	
	Sheila Cat	es	
	116 Deer R P.O. Box 6		_
•	(P.O. Bo	OX not acceptable)	_
	Interlache	n, Fl. 32148	
	(Cit	ty/State/Zip)	<b>-</b>
Having been bove stated he appointm o comply with nance of my as registered	named as registered agent corporation at the place de ent as registered agent and h the provisions of all statu duties, and I am familiar wit agent.	t and to accept service of proce esignated in this certificate, I he di agree to act in this capacity. I lites relating to the proper and c th and accept the obligations of	ess for the ereby accept further agree complete perfor- f my position
Sheile	(Signature)		