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



Enclosed is an original for:	and one (1) cop	y of the articles of i	ncorporation	and a check
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Cop & Certificate	y
FROM:	NANCY Name	L RUFINO (printed or typed)	-0	() () () () () () () () () () () () () (
	1502	Address DIE	Circle	
	Compro Ci	on FC 3	37/20	
	401 7 Daytime	67 9469 Telephone number		

H. SIMS APR - 5 1995

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

ARTICLES OF INCORPORATION

OF

GIFT AMERICA MARKETING SYSTEMS INC.

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ARTICLE I NAME

The name of the corporation shall be:

GIFT AMERICA MARKETING SYSTEM: INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of the	iis
corporation shall be:	
1502 GRACE LAKE CIRCLE	
Longwood FL 32750	

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS
The name and address of the initial registered agent is:
MANCY L RUBIN
1502 GRACE LAICE CROPE
Lorginson, Fr 32750
ARTICLE V INCORPORATOR
The name and street address of the incorporator to these
Articles of Incorporation is:
Mancy L RIDIN
1502 GRAVE LAIRE LIRITE
- Longwood FZ 32750
The undersigned has executed these Articles of Incorporation this
this day of 19 95.
Janes D R
, Incorporator

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CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, 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 name of the corporation is:

GIET LIMERICA MLLICETING SYSTEMS INC. 2. The name and address of the registered agent and office is:

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CL. TIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED A ENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Signature: _