

# P16000075088

## CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870  
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302  
 TOLL FREE No. 1-800-342-8062  
 FAX (904) 222-1222

RE: Brittany's Gifts Inc

NAME \_\_\_\_\_  
 FIRM \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 PHONE ( ) \_\_\_\_\_

Service: Top Priority \_\_\_\_\_ Regular \_\_\_\_\_  
 One Day Service \_\_\_\_\_ Two Day Service \_\_\_\_\_

To us via \_\_\_\_\_ Return via \_\_\_\_\_

Mailor No.: \_\_\_\_\_ Express Mail No. \_\_\_\_\_

State Fee \$ \_\_\_\_\_ Our \$ \_\_\_\_\_

**EFFECTIVE DATE**  
**SEP - 9 1996**

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE <u>9/10</u>			
TIME _____			CK No. _____
BY _____			

WALK-IN Will Pick Up 10:00 AM

*AB*  
9/10

	O.O. FEE.	DISBURSED
<input checked="" type="checkbox"/> Capital Express™		
<input checked="" type="checkbox"/> Art. of Inc. File		
<input type="checkbox"/> Corp. Record Search		
<input type="checkbox"/> Ltd. Partnership File		
<input type="checkbox"/> Foreign Corp. File		
<input checked="" type="checkbox"/> ( ) _____		
<input type="checkbox"/> Art. of Amend. File		
<input type="checkbox"/> Dissolution/Withdrawal		
<input type="checkbox"/> O U B		
<input type="checkbox"/> Fictitious Name File		
<input type="checkbox"/> Name Reservation		
<input type="checkbox"/> Annual Report/Reinstatement		
<input type="checkbox"/> Reg. Agent Service		
<input type="checkbox"/> Document Filing		
<input type="checkbox"/> Corporate Kit		
<input type="checkbox"/> Vehicle Search		
<input type="checkbox"/> Driving Record		
<input type="checkbox"/> Document Retrieval		
<input type="checkbox"/> UCC 1 or 3 File		
<input type="checkbox"/> UCC 11 Search		
<input type="checkbox"/> UCC 11 Retrieval		
<input type="checkbox"/> File No.'s _____ Copies		
<input type="checkbox"/> Courier Service		
<input type="checkbox"/> Shipping/Handling		
<input type="checkbox"/> Phone ( ) _____		
<input type="checkbox"/> Top Priority		
<input type="checkbox"/> Express Mail Prep.		
<input type="checkbox"/> FAX ( ) _____ pgs.		

### SUBTOTALS

FEE.....	
DISBURSED.....	
SURCHARGE.....	
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$

Please remit invoice number with payment  
**TERMS: NET 10 DAYS FROM INVOICE DATE**  
 1 1/2% per month on Past Due Amounts  
 Past 30 Days, 18% per Annum.

**THANK YOU**  
 from  
 Your Capital Connection

**EFFECTIVE DATE**  
**SEP 9 1996**

**FILED**  
**96 SEP 10 PM 2:16**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**ARTICLES OF INCORPORATION**  
**OF**  
**BRITTANY'S GIFTS INC.**

The undersigned, acting as sole incorporator, hereby adopts these Articles of Incorporation and forms a profit corporation (the "Corporation") under the Florida Business Corporation Act (the "Act"), as follows:

**I.**  
**Name**

The name of the Corporation is **BRITTANY'S GIFTS INC.**

**II.**  
**Term of Existence**

The date when the corporate existence will commence is September 9, 1996. The Corporation will have perpetual existence thereafter.

**III.**  
**Principal Office**

The principal office of the Corporation is 1556 Patricia Avenue, Dunedin, FL 34698.

**IV.**  
**Mailing Address**

The mailing address of the Corporation is 1556 Patricia Avenue, Dunedin, Florida 34698.

**V.**  
**Capital Stock**

The Corporation is authorized to issue 100 shares of one dollar per share par value common stock, which will be designated Common Stock

**VI.  
Initial Registered Office and Agent**

The street address of the initial registered office of the Corporation is 1556 Patricia Avenue, Dunedin, Florida 34698, and the name of its initial registered agent at such address is Michael Rodriguez.

**VII.  
Directors**

The Corporation will have one director initially. The number of directors may be increased or decreased from time to time by the bylaws of the Corporation, provided that the Corporation will always have at least one but no more than five directors. The name and address of the initial director of the corporation, who will serve until his successor is duly elected and qualified, are:

<b>Name</b>	<b>Address</b>
Michael Rodriguez	1556 Patricia Avenue Dunedin, Florida 34698

**VIII.  
Incorporator**

The name and address of the incorporator signing these Articles of Incorporation are:

<b>Name</b>	<b>Address</b>
Michael Rodriguez	1556 Patricia Avenue Dunedin, Florida 34698

**IX.  
Bylaws**

The power to adopt, alter or repeal bylaws will be vested in the Corporation's Board of Directors.

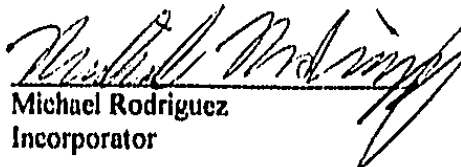
**X.  
Indemnification**

The Corporation will indemnify any director or officer or any former director or officer to the fullest extent permitted by law.

**XI.  
Amendment**

These Articles of Incorporation may be amended in the manner provided by law.

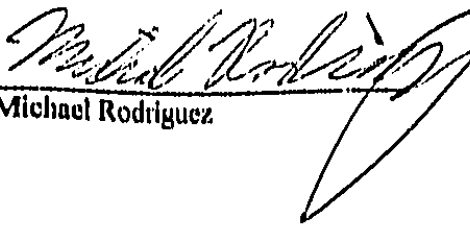
**IN WITNESS WHEREOF**, the undersigned incorporator has executed these Articles of Incorporation on September 9, 1996.

  
Michael Rodriguez  
Incorporator

**ACCEPTANCE BY REGISTERED AGENT**

Having been named Registered Agent and designated to accept service of process for the above-stated Corporation, at the place designated herein, I hereby agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

Dated September 9, 1996

  
Michael Rodriguez

FILED  
'96 SEP 10 PM 2:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA