

P960000082383

TRANSMITTAL LETTER

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

SUBJECT: GIFT BASKET OPTIONS, INC.  
(Proposed corporate name - must include suffix)

300001963023  
-10/02/96--01057--019  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FROM: MRS. JOANNA U. JENIJE  
Name (printed or typed)

1035 MEDIEVAL PLACE  
Address

TALLAHASSEE, FLORIDA 32301  
City, State & Zip

(904) 671-4220  
Daytime Telephone number

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 OCT -2 AM 8:54

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

gg 10/7/96

## ARTICLES OF INCORPORATION

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SECRETARY OF STATE  
FLORIDA CORPORATIONS

96 OCT -2 AM 8:54

*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 BASKET OPTIONS, INC.

### ARTICLE II PRINCIPAL OFFICE

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

1417-E CAPITAL CIRCLE NW  
TALLAHASSEE, FLORIDA 32304

### ARTICLE III SHARES

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

ONE HUNDRED

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MRS. JOANNA U. JENIJE  
1417-E CAPITAL CIRCLE NW  
TALLAHASSEE, FLORIDA 32304

**ARTICLE V INCORPORATOR(S)**

**See instructions for officers/directors**

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


PRESIDENT: MRS. JOANNA U. JENIJE  
1035 MEDIEVAL PLACE  
TALLAHASSEE, FLORIDA 32301

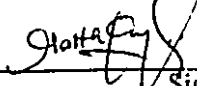
VICE PRESIDENT: MR. MATTHEW O. JENIJE  
1035 MEDIEVAL PLACE  
TALLAHASSEE, FLORIDA 32301

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

22nd day of SEPTEMBER, 19 26.

(An additional article must be added if an effective date is requested.)

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

**CERTIFICATE OF DESIGNATION OF  
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: GIFT BASKET OPTIONS, INC.

2. The name and address of the registered agent and office is:

MRS. JOANNA U. JENIJE  
(NAME)

1417-E CAPITAL CIRCLE NW  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

TALLAHASSEE, FLORIDA 32304  
(CITY/STATE/ZIP)

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STATE  
CORPORATIONS  
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*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent 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.*

J. Jenije  
(SIGNATURE)

9/22/96  
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314