

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

NAME _____
FIRM _____
ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

RECEIVED
96 OCT 14 PM 1:56
DIVISION OF CORPORATION

EFFECTIVE DATE
OCT 11 1996

REQUEST TAKEN CONFIRMED APPROVED

DATE _____

TIME _____ CK No. _____

BY _____

WALK-IN Will Pick Up 10/14 1:30

AB 10/15

RE: Sabrina's Gifts
Inc

| | C.C. FEE. | DISBURSED |
|--|-----------|-----------|
| <input checked="" type="checkbox"/> Capital Express SM | | |
| <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"/> () Cert. Copy(s) <u>photo</u> | | |
| <input type="checkbox"/> Art. of Amend. File | | |
| <input type="checkbox"/> Dissolution/Withdrawal | | |
| <input type="checkbox"/> C U S. | | |
| <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 _____ | | |

000001972766-2
-10/14/96-01023-015
***\$70.00 ***\$70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
96 OCT 14 AM 8:04

FILED

| | |
|--------------------------------|----|
| 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

ARTICLES OF INCORPORATION
OF
SABRINA'S GIFTS INC.

EFFECTIVE DATE
OCT 11 1996

FILED
96 OCT 14 AM 8:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 **SABRINA'S GIFTS INC.**

II.
Term of Existence

The date when the corporate existence will commence is October 11 , 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:

| <u>Name</u> | <u>Address</u> |
|--------------------|--|
| Michael Rodriguez | 1556 Patricia Avenue Dunedin, Florida 34698 |

VIII.
Incorporator

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

| <u>Name</u> | <u>Address</u> |
|--------------------|--|
| 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.

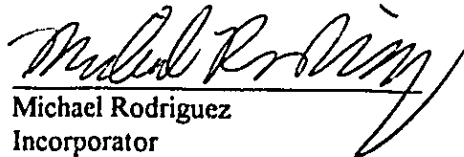
X.
Indemnification

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 October 11, 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 October 11, 1996


Michael Rodriguez

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96 OCT 14 AM 8:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA