P97000093766

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

200002332432--8 -10/29/97--01059--002 \*\*\*\*131.25 \*\*\*\*131.25

SUBJECT: GIFT EMPORION TOC.

(Proposed corporate name - must include suffix)

Enclosed is an original	and one(1) copy	of the articles of	incorporation	and a check for
			<del>".</del>	

☐ \$70.00 Filing Fee **\$78.75** 

Filing Fee

& Certificate

□\$122.50

\$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: SHERRY L. MANUEL

Name (Printed or typed)

4594 YORKSHIRE LAWE

KISSIMMEE FLORIDA 34758

Daytime Telephone number

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

RP 10:31-97

# ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

## ARTICLE I NAME

The name of the corporation shall be:

GIFT EMPORIUM, INC.

## ARTICLE II PRINCIPAL OFFICE

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

4594 YORKSHIRE CANE KISSIMMEE, FLORIDA 3475

#### ARTICLE III SHARES

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

2

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

GERALD A. CHALLEL

4594 YORKSHIRE LANE KISSIMMEE, FLORIDA 34758

## ARTICLE V INCORPORATOR

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

SHERRY C. CHADUEL

4594 YORKSHIRE LAWE

KISSIMMEE, FLORIDA 34758

Signature/Incorporator

October 23, 1997

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

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

Signature/Registered Agent

Date