100-	7 7 7 7 1 1	
PTI	100010	1200
· isomeo	Requestor's Name	
3780	Tyde Morris Blud. #104	
<u> </u>	Address Address	
fort Orac	19, H. 32/19 htt:/Zip Phone #	3000023642637
City/Sta	tk/Zip Phone #	-12/05/9701070009 *****78.75 *****78.75
COPRORIEM	, , , , , , , , , , , , , , , , , , ,	Office Use Only
CORPORATIO	N NAME(S) & DOCUMENT NUM	BER(S), (if known):
1		
1(Co	orporation Name) (Do	cument #)
2		
(Co	Orporation Name) (Doc	cument #)
3	Orporation Name)	cument #)
	(Doc	ument #)
4(Co	rporation Name) (Doc	ument #)
_		
Walk in	Pick up time	Certified Copy
Mail out	Will wait Photocopy	П
NEW FILINGS	ACCURATION TO THE PROPERTY OF	Certificate of Status 97 DEC 22 PH 2: 56 LORDO
Profit	AMENDMENTS:	97
NonProfit	Amendment	三
	Resignation of R.A., Officer/ Directo	22 7
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	22
Other	Merger	
OTHER FILINGS		5
Annual Report	REGISTRATION/ QUALIFICATION	
Fictitious Name	Foreign	
Name Reservation	Limited Partnership	
THE VIEW I	Reinstatement	- h
	Trademark	014D
	Other	27/2
		w97-27405

Examiner's Initials

CR2E031(1/95)

- 1 to



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

December 9, 1997

LESHAUNDA TWOMEY 3780 CLYDE MORRIS BLVD APT 104 PORT ORANGE, FL 32119

SUBJECT: LESHAUNDA'S JUST FOR YOU GIFT BASKETS, INC.

Ref. Number: W97000027405

We have received your document for LESHAUNDA'S JUST FOR YOU GIFT BASKETS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Corporations may file using only the corporate name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing the enclosed application and submitting the appropriate fees to this office.

The document must state the number of shares of authorized stock.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6928.

Letter Number: 197A00057890

Michelle Milligan Document Specialist

ARTICLES OF INCORPORATION

OF

LeShaunda's Just for You Gift Baskets, Inc.

The undersigned, acting as incorporator of a Corporation, pursuant to Florida Statutes, adopts the following Articles of Incorporation for LeShaunda's Just for You Gift Baskets, Inc.

ARTICLE I - NAME

The name of this corporation is:

LeShaunda's Just for You Gift Baskets, Inc.

ARTICLE II - PRINCIPAL OFFICE

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

3780 Clyde Morris Boulevard Apartment 104 Port Orange, FL 32119

ARTICLE III - BOARD OF DIRECTORS

The number constituting the initial Board of Directors of the Corporation is three. The names and addresses of the persons who are to serve initially are:

LeShaunda Twomey 3780 Clyde Morris Boulevard Apartment 104 Port Orange, FL 32119

Jackson Twomey 3780 Clyde Morris Boulevard Apartment 104 Port Orange, FL 32119

Debra A. Keller 1717 Mason Avenue, #1021 Daytona Beach, FL 32117



ARTICLE IV - SHARES

The number of shares to be outstanding at any given time is two shares.

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and street address of the registered agent is:

LeShaunda Twomey 3780 Clyde Morris Boulevard Apartment 104 Port Orange, FL 32119

ARTICLE VI - INCORPORATOR

The name and address of the incorporator is:

LeShaunda Twomey 3780 Clyde Morris Boulevard Apartment 104 Port Orange, FL 32119

	he undersigned incorporate day of November, 199		uted these Artic	les of Incorpo	oration
Les 15	2-7		.=.	err.	
Signature/Incorporate	or /	-	9		

Having been named as registered agent and to accept service for process for the above mentioned 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