

SECRETARY OF STATE
DIVISION OF CORPORATIONS
P. O. BOX 6327
TALLAHASSEE, FLORIDA 32314

RE: UNFORGETTABLE GIFTS, INC.

700002751237--8 -01/22/99--01046--010 *****122.50 *****78.75

GENTLEMEN:

ENCLOSED HEREWITH ARE THE ARTICLES OF INCORPORATION

TOGETHER WITH A COPY OF SAID ARTICLES FOR <u>UNFORGETTABLE</u>

GIFTS, INC. AND OUR CHECK IN THE AMOUNT OF \$ 122.50 AS

FOLLOWS:

FILING FEE CHARTER TAX	\$ 35.00
REGISTERED AGENT	35.00
REGISTERED AGENT	32.00
CERTIFIED COPY	52.50
	\$ 122.50

RESPECTIVELY SUBMITTED,

INDV

CORP

UNFORGETTABLE GIFTS, INC.

99 JAN 22 AM II: 32

My 51/662

CERTIFICATE OF INCORPORATION

of

99 JAN 22 AM 11: 32 TALLAHASSEE FLORIDA

UNFORGETTABLE GIFTS, INC.

WE, THE UNDERSIGNED, hereby associate ourselves together for the purpose of becoming a corporation under the laws of the State of Florida, by and under the provisions of the Statutes of the said State of Florida.

ARTICLE I

The name of this corporation shall be:

UNFORGETTABLE GIFTS, INC.

ARTICLE II

The corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III

The maximum number of shares of capital stock that this corporation is authorized to have outstanding at any one time is FIVE HUNDRED (500) shares of common stock, having a par value of ONE (\$1.00) DOLLAR PER SHARE.

ARTICLE IV

The amount of capital with which this corporation will begin business shall be the sum of not less than FIVE HUNDRED (\$500.00) DOLLARS.

ARTICLE V

This corporation shall exist perpetually unless sooner dissolved according to law.

Article VI

The initial street address of the principal office_of_the corporation shall be:

10715 N.W. 19TH PLACE CORAL SPRINGS, FL 33071

ARTICLE VII

The number of Directors of this corporation shall be at least one (1) and no more than five (5).

ARTICLE VIII

The names and street addresses of the members of the first Board of Directors of this corporation are as follows:

DAVID SICLARI	10715 N. W. 19TH PLACE CORAL SPRINGS, FL 33071
STACY TARAKOFSKY	11085 N. W. 15TH STREET CORAL SPRINGS, FL 33071
DEBRA TARAKOFSKY	11085 N. W. 15TH STREET CORAL SPRINGS, FL 33071
PAMELA SICLARI	10715 N. W. 19TH PLACE CORAL SPRINGS, FL 33071

ARTICLE IX

The name and street address of the person signing

these Articles of Incorporation as subscriber is as follows:

DAVID SICLARI

10715 N. W. 19TH PLACE
CORAL SPRINGS, FL 33071

ARTICLE X

The corporate existence of this corporation shall begin on the date the Articles of Incorporation are filed of record.

IN WITNESS WHEREOF, the undersigned, DAVID SICLARI being a natural person, competent to contract, has hereunto set his hand and seal this 18th day of January, 1999

02157

STATE OF FLORIDA)
)SS
COUNTY OF BROWARD)

BEFORE ME, the undersigned Notary Public of the State of Florida personally appeared <u>DAVID SICLARI</u> to me well known and known to me to be the individual described in and who executed the foregoing Articles of Incorporation, and he acknowledged before me that he executed the same freely and voluntarily for the purpose therein expressed.

WITNESS my hand and official seal this 18 day of JANUARY

1999

TWO TA.IGEORGEALLOCCA, JR.

COMMISSION # CC 671514

EXPIRES AUG 13, 2001

BONDED THRU

ATLANTIC BONDING CO., INC.

Notary Public, State of Florida My commission expires: CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE

FOR THE SERVICE OF PROCESS WITHIN THIS STATE,

NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted in compliance with said Act:

FIRST: That UNFORGETTABLE GIFTS, INC. desiring to organize under the Laws of the State of Florida with its principal offices as indicated in the Articles of Incorporation, in the City of CORAL SPRINGS, County of BROWARD State of Florida, has named DAVID SICLARI located at 10715 N.W. 19 PL, CORAL SPRINGS, Florida, as its agent to accept services of process within this State.

ACKNOWLEDGEMENT

Having been named to accept services of process for the above stated corporation, at the place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of said Act relative to keeping open said office.

3y: _

Resident Agent