3612

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

X \$70.00

Filing Fee

FROM:

SUBJECT:

for:

(Proposed corporate name - must include suffix) Enclosed is an original and one (1) copy of the articles of incorporation and a check \$122.50 \$131.25 Filing Fee Filing Fee, Certified Copy & Certified Copy & Certificate

500002875815--4 05/14/99--01088--<u>0</u>09 *****70.00 *****70.00

10738 Media Street **Address** Jacksonville, FL 32219 City, State & Zip 904/765-4952 Daytime Telephone number

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

\$78.75

Filing Fee

Talbert W. Smith

Name (printed or typed)

& Certificate



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 19, 1999

TALBERT W. SMITH 10738 MEDIA STREET JACKSONVILLE, FL 32219

SUBJECT: GIFTS4U, INC. Ref. Number: W99000011682

We have received your document for GIFTS4U, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return 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) 487-6933.

Letter Number: 299A00027607

Teresa Brown Corporate Specialist

TRANSMITTAL LETTER

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

SUBJECT: Gifts4US	A , Inc.	name - must include su	ffix)
Enclosed is an original a		·	incorporation and a check
for: X \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate
FROM:	Talbert W	. Smith e (printed or typed)	
	10738 Med	ia Street	
		Address	
	Jacksonvi	11e, FL 32219	
		City, State & Zip	
	(904) 765		
	Daytin	ne Telephone number	

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



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:

Gifts4USA, Inc.

ARTICLE II PRINCIPAL OFFICE

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

10738 Media Street Jacksonville, FL 32219

ARTICLE III SHARES

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

One Hundred (100) shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Talbert W. Smith 10738 Media Street Jacksonville, FL 32219

ARTICLE V INCORPORATOR(S)

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

Tālbert W. Smith 10738 Media Street Jacksonville, FL 32219

undersigned incorporator(s) has(have) exe	cuted these Articles of Incorporatio
24th day of May	, 19_ ⁹⁹
Tolly W. Smill	
Signature	8
Signature	3
Signature	

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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.

	Salar correction is: Gifts 4USA, Inc.
. The name	e of the corporation is: Gifts4USA, Inc.
	TO A
	The state of the s
. The nam	e and address of the registered agent and office is:
	e and address of the registered agent and office is: Talbert W. Smith
	To all your House Smith
	Talbert W. Smith (Name)
	(Isome)
	10738 Media Street
	(P.O. Box not acceptable)
	Jacksonville, FL 32219
	(City/State/Zip)
	(City/Omto/2.P/
Javina hee	en named as registered agent and to accept service of process for the ed corporation at the place designated in this certificate, I hereby accept the ment as registered agent and agree to act in this capacity. I further agree with the provisions of all statutes relating to the proper and complete perfectly duties, and I am familiar with and accept the obligations of my position and agent.
bove state	ed corporation at the place designated in this certificate, The earliest agree to act in this capacity. I further agree
he appoint	ment as registered agent and agree to go to the proper and complete performing to the proper and complete performing to the proper and complete performing to the proper and complete performent as a complete performance of the proper and complete performance of the
go comply v mance of M	ny duties, and I am familiar with and accept the obligations of my position
as register	ed agent.
1.00	5/24/99 <u>5/24/99</u>
- Jack	(D89)
	(Signature)