FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA Department of State Division of Corporations 800002996158__0 P. O. Box 6327 -09/24/99--01041--010 Tallahassee, FL 32314 *****78.75 *****78.75 Enclosed is an original and one(1) copy of the articles of incorporation and a check for : □ \$87.50 **□** \$78.75 \$70.00 \$78.75 Filing Fee Filing Fee, Filing Fee Filing Fee & Certified Copy Certified Copy & Certificate of Status & Certificate of Status ADDITIONAL COPY REQUIRED

FROM: COVE GIFT SHOP, INC.

Name (Printed or typed)

22783 S. STATE ROAD 7

Address

POCA RATON FC 33428-5427

City, State & Zip

(561) 470-3651

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

ARTICLES OF INCORPORATION

OR/GINAC

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:

COVE GIFT SHOP, INC.

ARTICLE II PRINCIPAL OFFICE

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

22783 S. STATE ROAD T 33428-5427 BOCA RATON, FR

ARTICLE III SHARES

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

100 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

E. HUNT THOMAS

22783 S. STATE ROADT

BOCA RATON, FZ 33428-5427

INCORPORATOR

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

THOMAS E. HUNT

22783 S. STATE ROAD T

BOCA RATON, FC 33428-5427

Signature/Incorporator

(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