

P99000089661

TRANSMITTAL LETTER

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

SUBJECT: Keepsakes & Memories, Inc.

800003008358--0
-10/07/99-01043-006
****122.50 ****78.75

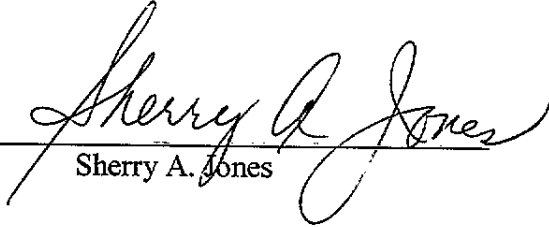
Enclosed is an original and one (1) copy of the articles of incorporation and a check for \$122.50.

FROM: Sherry A. Jones
2303 N. Federal Highway Suite 12
Ft. Pierce, FL 34946
(561) 466-4691

FILED
99 OCT -7 AM 8:04
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

ajc
10/12

The undersigned Incorporator(s) have executed these Articles of Incorporation this
30th day of September, 1999.



Sherry A. Jones

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 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.

1. The Name of the Corporation is: **KEEPSAKES & MEMORIES, INC.**
2. The Name and Address of the Registered Agent and office is:

Sherry A. Jones
2303 N. Federal Highway, Suite 12
Ft. Pierce, FL 34946
(561) 466-4691

TALLAHASSEE, FLORIDA
STATE
99 OCT -7 AM 8:05
P.P.P.

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 _____

Sherry A Jones

DATE _____

9/30/99