TRANSMITTAL LETTER

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

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SUBJECT:	EZ GIFHE ONO	Novalliar Til	· · · · · · · · · · · · · · · · · · ·	
	(Proposed corpo	rate name - must include suff	SECRETARY OF	FILED 99 OCT 27 PM 12: 0
Enclosed is an origin	al and one(1) copy of the article	es of incorporation and a	check for:	12: 0
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	ERIK Schroed Name (Pr	De L inted or typed)		i er G oria iZ
	1676 SW 10	09 70RR ddress		switch in America
	DAvie Klanido	tate & Zip		
	954-845- Daytime Tel	0/66 ephone number		.—

F. CHRESSER

OCT 2 / 1999

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

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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florid	ła
Business Corporation Act, hereby adopts the following Articles of Incorporation.	

ART	ICL	E .	I	NAME

The name of the corporation shall be:

E-2 GIFTS and Novelter INC.

ARTICLE II PRINCIPAL OFFICE

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

(1 1/2 1/1 72200

Sunnile KL 33323

ARTICLE III SHARES

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

100 Shaker

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

DAVID TACHER

1041 NW 125 AVE

SUNRIR RZ 33323

ARTICLE V INCORPORATOR

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

ERIK Schroeder

1676 SW 109 RAR

Davie RL 33324

Signature/Incorporator

10-25-99

Date

(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

Date