TRANSMITTAL LETTER

P99000097786

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

100003035021--E -11/04/99--01056--015 *****87.50 ******87.50

ce-eu ProGifts, Inc. SUBJECT: (Proposed corporate name - must include suffix) Enclosed is an original and one(1) copy of the articles of incorporation and a check for: **3** \$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 Melinda Farrell FROM: Name (Printed or typed)

M: Melinda Farrell

Name (Printed or typed)

4224 NW 76th Terrace

Address

Gainesville, FL 32606

City, State & Zip

(352) 336-4574

Daytime Telephone number

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

F. CHESCON NOV 5 1999

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

ProGifts, Inc.

ARTICLE II PRINCIPAL OFFICE

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

4224 NW 76th Terrace Gainesville, FL 32606

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Melinda C. Farrell 4224 NW 76th Terrace

Gainesville, FL 32606

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Melinda C. Farrell 4224 NW 76th Terrace Gainesville, FL 32606

Signature/Incorporator

11/3/99

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