## Florida Department of State

Division of Corporations

Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 922-4001

From:

Account Name : FILINGS, INC.

Account Number : 072720000101 Phone : (850)385-6735

Phone : (850)385-6755 Fax Number : (954)583-4117

# FLORIDA PROFIT CORPORATION OR P.

GIFT INSURANCE, INC.

Certificate of Status	0
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Page Count	05
Estimated Charge	\$70.00



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

<u>of</u>

GIFT INSURANCE, INC.

### ARTICLE I

The name of the corporation shall be: Gift Insurance, Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 504 5th Lane, Lake Worth, FL 33463.

#### ARTICLE III DURATION

This corporation shall have perpetual existence.

### ARTICLE IV

This corporation is organized for the purpose of transacting any or all lawful business.

#### ARTICLE V CAPITAL STOCK

This corporation is authorized to issue 100 shares of One Dollar (\$1.00), par value common stock.

#### ARTICLE VI PRE-EMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of

Prepared by Bryan I. Levy 7951 SW 6th Street, Suite 200 Plantation, FL 33324 (854) 424-1200 Fl Bar No.: 0116475

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this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his pro rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

#### ARTICLE VII INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is 504 5th Lane, Lake Worth, FL 33463 and the name of the initial registered agent of this corporation at that address is Teresa D. Sears.

### ARTICLE VIII INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) director. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The name and address of the directors of this corporation are:

Teresa D. Sears 504 5th Lane Lake Worth, FL 33463

#### ARTICLE IX INCORPORATOR

The name and address of the Incorporator signing these Articles is: Teresa D. Sears, 504 5th Lane, Lake Worth, FL 33463.

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#### ARTICLE I INDEMNIFICATION

The corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

### ARTICLE XI

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned incorporation has executed these Articles of Incorporation this <u>A3RP</u> day of <u>Navember</u>, 1999.

August D. Slave

STATE OF FLORIDA )

COUNTY OF FRANCE ). SE.

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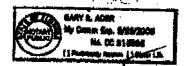
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Articles of Incorporation, and he acknowledged before me that he executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 24th day of November, 1999.

NOTARY PUBLIC, State of Florida

My Commission Expires: (SEAL).



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REGISTERED AGENT/REGISTERED OFFICE SECRETARY OF STATE

Pursuant to the provisions of section 607.0501, 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 Gift Insurance, Inc.
- 2. The name and address of the registered agent and office is:

TERESA D. SEARS
504 5th Lane
Lake Worth, FL 33463

SIGNATURE: OLIVA D. SLOWA

COTPORATE OFFICER

TITLE: PRESIDENT

DATE: NOVEMBER 23, 1999

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

שידימים

Derora V. Sears November 23, 1999