

P99000106170

TRANSMITTAL LETTER

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

700003061927--7
-12/06/99--01106--005
*****70.00 *****70.00

SUBJECT: College Gift Baskets Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Susan Koning
Name (Printed or typed)

3084 SW 27th Ave. #23
Address

S. Miami, Florida 33133
City, State & Zip

305-461-3995
Daytime Telephone number

or

305-446-9747 ext. 236

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

FILED
99 DEC -6 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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:

College Gift Baskets Inc.

ARTICLE II PRINCIPAL OFFICE

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

3084 SW 27th Ave #23
S. Miami, Florida 33133

ARTICLE III SHARES

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

10

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Susan Koning
3084 SW 27th Ave #23
S. Miami, Florida 33133

ARTICLE V INCORPORATOR

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

Susan Koning
3084 SW 27th Ave #23
S. Miami, Florida 33133

Signature/Incorporator

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

FILED

99 DEC -6 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/3/99.

12/3/99.