



**COVER LETTER**

**FILED**

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

06 JUN 21 PM 4: 48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SUBJECT:** Betwinkled, Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are 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:** Marisol Enriquez  
Name (Printed or typed)

P.O. Box 260725  
Address

Miami, FL 33126  
City, State & Zip

(305)776-6633  
Daytime Telephone number

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

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

Betwinkled, Inc.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

Principal place of business: Online

Mailing address: P.O. Box 260725, Miami, FL 33126

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

For the selling of jewelry online and, occasionally, at craft shows.

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

Marisol Enriquez - President / CEO

P.O. Box 260725

Miami, FL 33126

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Marisol Enriquez

250 N.W. 64th Court

Miami, FL 33126

**ARTICLE VII INCORPORATOR**

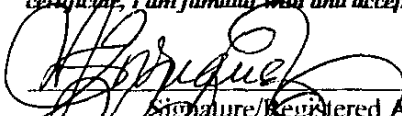
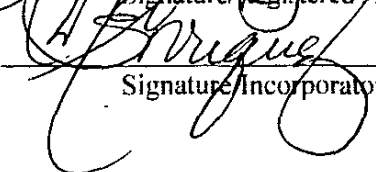
The name and address of the Incorporator is:

Marisol Enriquez

P.O. Box 260725

Miami, FL 33126

\*\*\*\*\*  
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent  
  
\_\_\_\_\_  
Signature/Incorporator

6/17/06

\_\_\_\_\_  
Date

6/17/06

\_\_\_\_\_  
Date