

P20000034458

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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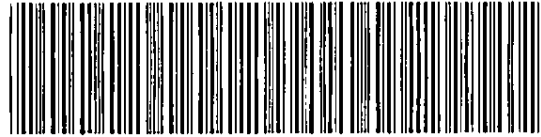
(Business Entity Name)

(Document Number)

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CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 284908 8094947

AUTHORIZATION :

COST LIMIT : \$ 78.75

ORDER DATE : May 8, 2020

ORDER TIME : 11:41 AM

ORDER NO. : 284908-005

CUSTOMER NO: 8094947

DOMESTIC FILING

NAME: CROWN JEWELS BY DIAMONDS  
INTERNATIONAL, CORP.

EFFECTIVE DATE:

☒ ARTICLES OF INCORPORATION  
☐ CERTIFICATE OF LIMITED PARTNERSHIP  
☐ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☒ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

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

**SUBJECT:** Crown Jewels by Diamonds International, Corp.

(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      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** Elisheva Mochkin

\_\_\_\_\_  
Name (Printed or typed)

12 East 49 Street, 39th Floor

\_\_\_\_\_  
Address

New York, New York 10017

\_\_\_\_\_  
City, State & Zip

646-378-6642

\_\_\_\_\_  
Daytime Telephone number

legal@diamondsinternational.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

**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: Crown Jewels by Diamonds International, Corp.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2315 NW 107th Avenue  
Miami, FL 33172

Mailing address, if different is:  
12 East 49 Street, 39th Floor  
New York, New York 10017

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to engage in any lawful activity for which corporations may be  
incorporated into this state, including but limited to consignment of retail goods and retail sales.

**ARTICLE IV SHARES**

The number of shares of stock is: 200

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

Name and Title: Albert Gad, Director  
Address: 12 East 49 Street, 39th Floor  
New York, New York 10017

Name and Title: Morris Gad, Director  
Address: 100 Park Avenue, 19th Floor  
New York, New York 10017

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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FILED  
2020 MAY 11 AM 11:51  
TALLAHASSEE  
FLORIDA

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Corporation Service Company \_\_\_\_\_

Address: 1201 Hays Street \_\_\_\_\_

Tallahassee, FL 32301 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Elisheva Mochkin \_\_\_\_\_

Address: 12 East 49 Street, 39th Floor \_\_\_\_\_

New York, New York 10017 \_\_\_\_\_

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

Corporation Service Company

By: Amanda Robinson

Amanda Robinson, Asst. Vice President

5/11/2020

Required Signature/Registered Agent

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

Elisheva Rappoport

Required Signature/Incorporator

May 8, 2020

Date