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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : VCORP SERVICES, LLC
Account Number : I20080000067
Phone : (845)425-0077
Fax Number : (845)818-3588

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
COUPONIX WHOLESALE JEWELRY INC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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850-617-6381 2/1/2024 2:51:10 PM PAGE 1/001 Fax Server



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 1, 2024

VCORP SERVICES, LLC

SUBJECT: COUPONIX WHOLESALE JEWELRY INC
REF: W24000017215

We have received your document for COUPONIX WHOLESALE JEWELRY INC .
However, the enclosed document has not been filed and is being returned to
you for the following reason(s):

The layout of each page should be in potrait mode or vertical, not in
landscape mode or horizontal.

Please return your document, along with a copy of this letter, within 60
days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please
call (850) 245-6052.

Monique K Anderson
Regulatory Specialist II

FAX Aud. #: H24000042112
Letter Number: 224A00002246

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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: COUPONIX WHOLESALE JEWELERY INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
7965 IRONWOOD WAY, PARKLAND, FL 33067

Mailing address, if different is:
7965 IRONWOOD WAY, PARKLAND, FL 33067

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

WHOLESALE JEWELERY

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ARTHUR BLAIRE, President Name and Title: _____

Address: 7965 IRONWOOD WAY, PARKLAND, FL 33067 Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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CORPORATE SERVICES

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: ARTHUR BLAIRE
Address: 7965 IRONWOOD WAY, PARKLAND, FL 33067

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STATE
CORPORATION DIVISION
TALLAHASSEE, FL

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ARTHUR BLAIRE
Address: 7965 IRONWOOD WAY, PARKLAND, FL 33067

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

/s/ARTHUR BLAIRE 02/01/2024
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.

/s/ARTHUR BLAIRE 02/01/2024
Required Signature/Incorporator Date