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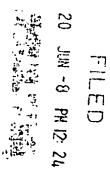
·				
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of	Status			
Special Instructions to Filing Officer:				
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06/09/20--01004--006 **87.50 RECEIVED JUN 8 2020



COVER LETTER

_	stration Section ion of Corporations						
SUBJECT:	ARM Fine Jewelry, Inc.						
SUBJECT.	Name (of corporation	วก - ทาน:	st include suffix			
Dear Sir or M	adam:						
"Certificate o	"Application by Foreign Co f Existence." or "Certificate ced foreign corporation to to	of Good Sta	anding"	and check are submi			
Please return	all correspondence concerni	ng this matt	er to the	e following:			
Alyssa Mishco	on						
		Name o	f Person	n	 		
ARM Fine Jev	velry, Inc.						
		Firm/Co	mpany				
19101 Mystic	Pointe Drive, #1906						
	.11	Ado	lress				
Aventura, FL	33180						
		City/State	and Zip	code		20	
info@armfinej	ewelry.com						
	E-mail address	: (to be used	for fut	ure annual report not	ification)	<u> </u>	i
For further in	formation concerning this m	atter, please	call:		3-4 5,	-8 PM	ILED
Alyssa Mishco	on	at (67	73-3358		$\vec{\Sigma}$	0
Nam	e of Person	Area Co	de	Daytime Telephor	ne Number	4	
Regis Divis The C 2415	EET/COURIER ADDRES stration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303			MAILING ADI Registration Sectorial Division of Corp P.O. Box 6327 Tallahassee, FL	tion orations		
	check for the following amorek payable to: FLORIDA DI ing Fee	EPARTMEN g Fee &	□ \$78.		\$87.50 F Certifica	te of S	Status &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	corporation; must include "INCORPORATED,"	COMPANY," "CORPORATION	ON."		
"Inc.," "Co.," "C	'orp," "Inc." "Co," or "Corp.")				
(If name unavail	able in Florida, enter alternate corporate name ad-	opted for the purpose of transact	ting business in Florida)		
2. New York	3				
(State or counti	y under the law of which it is incorporated)	(FEI number, if	applicable)		
December 11, 2	5				
	of incorporation)	(Date of duration, if other than perpetual)			
6					
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502		sility)		
_ 19101 Mystic Po	inte Dr. #1906 Aventura, FL 33180	, 1 .5., to determine penany nao	mity)		
7	(Principal office	street address)			
	·		3		
-	(Current mailing a	ddress, if different)	1 2		
			1		
8. Name and street	et address of Florida registered agent: (P.O. I	Box NOT acceptable)			
Name:	Alyssa Mishcon		FR 12 21		
~~ -	19101 Mystic Pointe Dr. #1906	_	n 12		
Office Address:			•		
		, Florida			
	(City)	(Zip code)			
	ent's acceptance:				
Having been nan	ned as registered agent and to accept service	of process for the above stat	led corporation at the _l		

designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS	•					
Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:19101 Mystic Pointe Dr, #1906	□Vice Chairman	Address:			
□Director	Aventura, FL 33180	Director				
President		□President				
□Vice President		□Vice President				
☐ Secretary	☐ Treasurer	□Secretary	□Treasurer			
Other	Other	Other	□Other			
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
□ President	- -	□President				
□Vice President		□Vice President				
□Secretary	☐ Treasurer	□Secretary	□Treasurer			
Other	Other	□Other				
Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director	7 7 2			
□President		□President				
□Vice President		□Vice President				
☐ Secretary	Treasurer	Secretary	☐'Treasurer			
Other	Other	Other	□Other			
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 12. Alyssa Mishcon Signature of Director or Officer						
she is aware that fa s.817.155, F.S.	etor signing this document (and who is listed in nurulse information submitted in a document to the Dep	nber 11 above) affirms th partment of State constitu	at the facts stated herein are true and that he or tes a third degree felony as provided for in			
Alyssa Mishcon, President						

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of ARM FINE JEWELRY, INC. was filed on 12/11/2015, under the name of ARM FINE JEWELERY, INC., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicate, by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment ARM FINE JEWELERY, INC., changing its name to ARM FINE JEWELRY, INC., was filed 07/20/2016.

The Biennial Statement is past due.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 16th day of March two thousand and twenty.

Braden C Hydra

Brendan C Hughes
Executive Deputy Secretary of State