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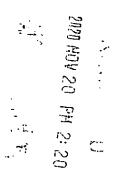
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CAPITAL CONNECTION, INC.417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Bliss Jewelers Inc.				
<u> </u>				
-				
				
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Ficutious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
			<u> </u>	Officer Search
				Fictitious Search
Signature	·			Fictitious Owner Search
				Vehicle Search
			<u> </u>	Driving Record
Requested by: SETH	11/19/20		<u></u>	UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
				UCC Retrieval
Walk-In	Will Pick Up			Courier

COVER LETTER

_	tration Section ion of Corporations		
SUBJECT:	Bliss Jewelers, Inc.		
	Name	of corporation	- must include suffix
Dear Sir or M	adam:		
"Certificate of	"Application by Foreign Co Existence," or "Certificate ted foreign corporation to to	of Good Star	Authorization to Transact Business in Florida," ding" and check are submitted to register the ss in Florida.
Please return a	ill correspondence concerni	ng this matte	to the following:
Gregory S. Oro	peza, Esq.		
		Name of	Person
Oropeza, Stone	s & Cardenas, PLLC		
		Firm/Con	pany
221 Simonton S	Street		
		Addr	ess
Key West, FL 3	3040		
		City/State a	nd Zip code
blissjewelers@g	·		
	E-mail address	: (to be used t	or future annual report notification)
For further info	ormation concerning this m	atter, please o	all:
Gae Ganister		305 at (294-0252
Name	of Person	Area Cod	Daytime Telephone Number
Registi Divisio The Ce 2415 N	ET/COURIER ADDRESS ration Section on of Corporations entre of Tallahassee 4. Monroe Street, Suite 810 assec, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
	heck for the following amorek payable to: FLORIDA DE g Fee S78.75 Filing Certificate of	PARTMENT Fee &	OF STATE \$78.75 Filing Fee & Certified Copy Certified Copy Certified Copy

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.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) US Virgin Islands (State or country under the law of which it is incorporated) (Date of country under the law of which it is incorporated) (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7	"Inc.," "Co.,"	f corporation; must include "INCORPOR" "Corp," "Inc," "Co," or "Corp.")	ATED," "COMPANY," ·	'CORPORATION,"		-
(State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Date of country under the law of which it is incorporated) (Date of duration, if other than perpetual) (Date of duration, if other than perpetual) (Date of incorporation) (Date of incorporation) (Date of duration, if other than perpetual) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office street address) 9001 F Havenaight Mall, St. Thomas, VI 00802 (Current mailing address, if different) Name: CT Corporation System Office Address: 1200 S. Pine Island Road #250 Plantation (City) Plantation Florida 33324 (City) 9. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place farther agree to compty with the provisions of all statutes relative to the proper and complete performance of my duries, and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature)	(If name unava	ulable in Florida, enter alternate comorat	name adopted for the pur-			
(State or country under the law of which it is incorporated) (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 269 Front Street, Key West, FL 33040 (Principal office street address) 9001 F Havensight Mall, St. Thomas, VI 00802 (Current mailing address, if different) Name: CT Corporation System (City) Plantation (City)						
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10. Attached is a certificate of existence duly authenticated, not more than 00 down and a delivery of the del	- ,	(Registered agen	's signature)	- total value of the control of the		
	10. Attached is a c	ertificate of existence duly authentics	led not more than 00 day	sm maios to delle	Sage 6	

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

under the law of which it is incorporated.

A. DIRECTO			
□ Chuirman	Minoj Mirpuri	Chairman	Name:
∐Vice Chairma	n Address:	DVice Chairman	
Director	9001 F Havensight Mall		Address:
■ President	St. Thomas, VI 00802		
☐Vice President		□Vice President	~
☐ Secretary	□ Treasurer	UScoretary	☐Treasurer
□Other	Other	•	
Chairman	Name:	UChairnan	Name:
□Vice Chairman		Uvice Chairman	Address:
Director	9001 F Havensight Mail		
□Presiden!	St. Thomas, VI 00802		
□Vice President			
Secretary	☐ Treasurer	□ Secretary	☐Treasurer
□Other	GOther	[JOther	
□ Chairman	Name: Ram Mirpuri	Claiman N	lame:
□Vico Chairman	Address:		Address:
■ Director	9001 F Havensight Mall	□ Director	
∐President	St. Thomas, VI 00802	_	
□Vice President			
Secretary	□Treasurer	[™] Secretary	Il Treasurer
30ther	□Other	ClOther	
	Ise an attachment to report more than six (6) added to the index when filing your Florida		or reporting purposes only. Non-indexed n form.
<u>'</u> .	Signature of 1	Director or Office	
he officer or direct	or signing this document (and who is fisted se information submitted in a document to the	Military Just a second a strong of the con-	be facts stated herein are free and that he or a dutal degree felony as provided for in
3. Minoj Mirpun,	President		
	(Typed or printed name and capacit	of person signing application)	



Government of The United States Virgin Islands

-O-

Office of the Lieutenant Governor Division of Corporations & Trademarks

CERTIFICATE OF GOOD STANDING

To Whom These Presents Shall Come:

I, the undersigned Lieutenant Governor the United States Virgin Islands, do hereby certify that **BLISS JEWELERS, INC**. has filed in the Office of the Lieutenant Governor the requisite annual reports and statements as required by the Virgin Islands Code, and the Rules and Regulations of this Office. In addition, the aforementioned entity has paid all applicable taxes and fees to date, and has a legal existence not having been cancelled or dissolved as far as the records of my office show.

Wherefore, the aforementioned entity is duly formed under the laws of the Virgin Islands of the United States, is duly authorized to transact business, and, is hereby declared to be in good standing as witnessed by my seal below. This certificate is valid through June 30th, 2021.

Entity Type: Domestic Profit Corporation

Entity Status: In Good Standing Registration Date: 07/02/2007

Jurisdiction: United States Virgin Islands, United States

CHERNMENT OF THE STATE OF THE S

Witness my hand and the seal of the Government of the United States Virgin Islands, on this 16th day of November, 2020.

Treggy A. Road

Tregenza A. Roach
Lieutenant Governor
United States Virgin Islands