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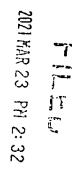
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	stration Section sion of Corporations						
SUBJECT	TEMETS BY ALCOLOO	RP.					
SOBJECT		ne of corporation	n - mus	t include suffix			_
Dear Sir or A	dadam:						
"Certificate	I "Application by Foreign of Existence," or "Certific need foreign corporation t	ate of Good Sta	anding"	and check are sub			
Please return	all correspondence conce	erning this matt	er to the	following:			
MARY ROD	GERS				er.	~ 2(
		Name o	f Person			7	_
ACKERMAN	N RODGERS CPA PLLC					Fo	· zro
 		Firm/Co	шралу			$\frac{-i\lambda}{\omega}$	
1665 PALM	BEACH LAKES BLVD SU	ЛТЕ 1 0 04))	P:	1
		Ado	lress		· · · · · · · · · · · · · · · · · · ·	<u></u>	-(
WEST PALM	I BEACH, FL 33401				· · · · · · · · · · · · · · · · · · ·	2: 3 3	
		City/State	and Zip	code			_
MRODGERS	6@ARCPATAX.COM						
	E-mail addi	ess: (to be used	for futi	ire annual report i	notification)		_
For further is	nformation concerning thi	s matter, please	call:				
DANNY AR	BUSMAN	at (82'	9-6161			
Nar	ne of Person	Area Co	de	Daytime Telep	hone Number		
Regi Divi The 2415	SEET/COURIER ADDR Istration Section sion of Corporations Centre of Tallahassee S.N. Monroe Street, Suite Inhassee, FL 32303			MAILING A Registration S Division of C P.O. Box 632 Tallahassee, H	Section orporations 7		
	•	. DEPARTMEN	□ \$78.°	FATE 75 Filing Fee & ified Copy	\$87.50 Fili Certificate Certified C	of State	ıs &

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.

`	•	adopted for the purpose of transacting bus	siness in Flo	orida)	
NEW YORK	NEW YORK 3. 11-2978512 (State or country under the law of which it is incorporated) (FEI number, if applied)				
(State or countr		El number, if applicable)			
06/05/1989	5.				
(Date	(Date of incorporation) (Date of duration, if other than				
	(Date first transacted business in (SEE SECTIONS 607 1501 & 607 15	Florida, if prior to registration) 602, F.S., to determine penalty liability)			
100 SUNRISE A		oz, i .s., to determine penanty nationally	(2) 11.5	2021	
		ce <u>street</u> address)		2021 ifar	
PALM BEACH,	·	<u></u>		(2)	
	(Current mailir	g address, if different)		<u> </u>	
		_	1 1		
. Name and stree	et address of Florida registered agent: (P.C). Box <u>NOT</u> acceptable)	(1965) 1915년 1월	?: 3	
	MARY RODGERS	·	ন	ଘ	
Name:					
Office Address:	1665 PALM BEACH LAKES BLVD STE	1004			
	WEST PALM BEACH	. Florida 33401			
	(City)	(Zip code)			

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 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.

(Registered agent's signature)

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.

a. directors				
□Chairman	Name:	□ Chairman	Name: AVIGAIL ARBUSMAN	
□Vice Chairman	Address: 100 SUNRISE AVE #217	□ Vice Chairman	Address: 100 SUNRISE AVE #217	
□Director	PALM BEACH, FL 33480	□Director	PALM BEACH, FL 33480	
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	22	
□Vice President		□Vice President		
□Secretary	☐Treasurer	☐ Secretary	□ freas <u>ur</u> er	
□Other	Other	Other	1 2: - 日 0 ther 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
□Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□ Vice President		
□ Secretary	□Treasurer	☐ Secretary	Trensurer	
□Other	□Other	Other	□Other	
Important Notice: individuals may be	Use an attachment to report more than six (6). The padded to the index when filing your Florida De	partment of State Annual Re	oper form.	
14.	Signature of Dire	ector or Officer		

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he of she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.455, F.S.

13. DANNY ARBUSMAN, PRESIDENT

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of JEWELS BY VIGGI LTD. was filed on 06/05/1989, under the name of VIGI JEWELRY CORP., 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 indicated by the records of this Department, such corporation is an existing corporation. I further certify the following:

A certificate changing name to JEWELS BY VIGGI LTD. was filed on 08/21/1989.

A Biennial Statement was filed 01/20/1993.

A Biennial Statement was filed 09/29/1993

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A Biennial Statement was filed 06/22/2011.

A Biennial Statement was filed 06/13/2013.

A Biennial Statement was filed 06/05/2015.

A Biennial Statement was filed 06/13/2017.

A Biennial Statement was filed 06/20/2019.

I further certify that no other documents have been filed by such corporation.





WITNESS my hand and the official seal of the Department of State at the City of Albany, this 26th day of January two thousand and twenty-one.

Braden C Hydra

Brendan C Hughes Executive Deputy Secretary of State