

N12000001315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

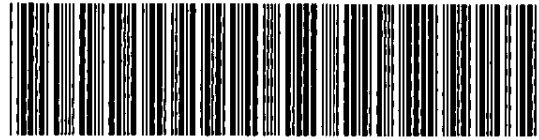
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

\$70.00

Office Use Only



500219534305

02/06/12--01028--012 **195.00

RECEIVED
12 FEB - 6 PM 1:42
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
12 FEB - 6 PM 2:00
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2-6-12
D

COVER LETTER

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

SUBJECT: DIAMONDS, PEARLS AND PRECIOUS JEWELS, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee &
Certificate of
Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Kimberly Thomas
Name (Printed or typed)

380 BROWN RD
Address

LALMONT, FL 32336
City, State & Zip

850-459-5332
Daytime Telephone number

hairstylist12@hotmail.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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Diamonds, Pearls and Precious Jewels Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
380 BROWN Rd
Lamont, FL
32336

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to educate, encourage and honor women and girls.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: appointed.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kimberly Thomas Name and Title: _____
Address: _____ Address: _____
380 BROWN Rd
Lamont, FL 32336

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

FILED
12 FEB - 5 PM 2:00
STATE DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Kimberly Thomas
Address: 380 BROWN Rd
Lamont, FL
32336

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kimberly Thomas
Address: 380 BROWN Rd
Lamont, FL 32336

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

Kimberly Thomas
Required Signature of Registered Agent

2-6-2012
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Kimberly Thomas
Required Signature of Incorporator

2-6-2012
Date