

TRANSMITTAL LETTER

P01000037702

FILED

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

01 APR -9 AM 11:54

DEPT. OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: CASABLANCA JEWELRY INCORPORATED
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

9000003972599--0
-04/09/01--01081--021
*****87.50 *****87.50

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 of Status

ADDITIONAL COPY REQUIRED

FROM: MICHAEL J. CUTTER
Name (Printed or typed)

160 SMITHSON DR. OVIEDO, FL. 32765
Address

City, State & Zip

407 365-3055
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

D. BROWN APR 13 2001

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:

CASABLANCA JEWELRY INCORPORATED

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. BOX 620476
OVIEDO, FL. 37262

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

JEWELRY MANUFACTURING & ACCOUNTING

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

MICHAEL J. CUTTER / PRESIDENT
160 SMITHSON DR.
OVIEDO, FL. 32765

JANET P. CUTTER SEC./TREASURER
160 SMITHSON DR.
OVIEDO, FL. 32765

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

MICHAEL J. CUTTER
160 SMITHSON DR.
OVIEDO, FL. 32765

ARTICLE VII INCORPORATOR

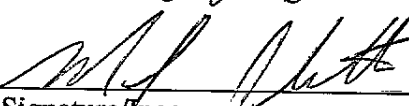
The name and address of the Incorporator is:

MICHAEL J. CUTTER
160 SMITHSON DR.
OVIEDO, FL. 32765

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


Signature/Registered Agent

4-5-01
Date


Signature/Incorporator

4-5-01
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA