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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : NATIONS BUSINESS CENTER, INC.
Account Number : I20000000238
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT CORPORATION OR P.A.

JEANNIE'S JEWELS, INC.

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TS
9/20/03

John N. Civettini 5/1/78

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are): JOHN N. CIVETTINI whom resides at 566 SUNSET POINTE DRIVE, LAKE PLACID, FL 33852, and JEANNE M. CIVETTINI whom resides at 566 SUNSET POINTE DRIVE, LAKE PLACID, FL 33852

ARTICLE VI INCORPORATOR(S)


The names(s) and street address(es) of the incorporator(s) to these articles of incorporation is (are): JOHN N. CIVETTINI whom resides at 566 SUNSET POINTE DRIVE, LAKE PLACID, FL 33852, and JEANNE M. CIVETTINI whom resides at 566 SUNSET POINTE DRIVE, LAKE PLACID, FL 33852

John N. Civettini 5/1/78

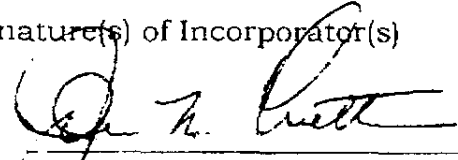
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IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this 23rd day of September, 2003.

Signature(s) of Incorporator(s)


JEANNE M. CIVETTINI President/Incorporator

Signature(s) of Incorporator(s)


JOHN N. CIVETTINI Vice-President/Incorporator/Registered Agent

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the Undersigned Corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation: JEANNIE'S JEWELS, INC.
2. The name and address of the registered agent and office is:

JOHN N. CIVETTINI
566 SUNSET POINTE DRIVE
LAKE PLACID, FL 33852

014030023914511

0011507724117

SIGNATURE: [Signature]

TITLE: Incorporator/Registered Agent

Date: 9/25/06

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE: [Signature]

Date: 9/25/06

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