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VALIDATION ONLY

Requestor's Name
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4/16/04

CORPORATION(S) NAME

City

(2scar	Wolff Jewel	ry, Inc.
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Profit			
() NonProfit	() Amendment	() Merger
() Foreign	() Dissolution	() Mark
() Limited Partnership	() Annual Report	() Other
() Reinstatement	() Reservation	() Change of Registered Agent
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Verifier

Acknowledgment

W.P. Verifier

CERTIFIED COPY

CE Timpire Toll Free: 1-800-432-3028

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:

OSCAR WOLFF JEWELRY, INC.

ARTICLE II

PRINCIPAL OFFICE

The principal place of business/mailing address of this corporation shall be :

36 NE 1ST STREET SUITE # 529 MIAMI, FL 33132

ARTICLE III

PURPOSE

The purpose for which the corporation is organized is to conduct business not prohibited by the Laws of the United States and the State of Florida.

ARTICLE IV

SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Hundred shares of One Dollar (\$1.00) par value common stock, which shall be designated COMMON SHARES.

ARTICLE V

INITIAL OFFICERS/DIRECTORS

The name(s) and address(es) of the first Board of Directors and Officers who shall serve until the first annual meeting of shareholders or until her successors are elected and qualified shall be:

NAME OFFICE

OSCAR WOLFF 36 NE 1ST STREET SUITE # 529 MIAMI, FL 33132

FABIOLA DE JESUS WOLFF 36 NE 1ST STREET SUITE # 529 MIAMI, FL 33132 Vice-President, Treasury

President, Secretary

ARTICLE VI

REGISTERED AGENT

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

GIL & CACERES & ASSOCIATES, INC.

601 SW 57th Avenue Suite H Miami, Florida 33144

ARTICLE VII

INCORPORATOR

The name and address of the Incorporator is:

GIL & CACERES & ASSOCIATES, INC.

601 SW 57th Avenue, Suite H Miami, Florida 33144

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.

Melly his homes Signature/Registered Agent	<u>04//s</u> 04 Date
Velhalichomez Signature/Incorporator	SECHETARY OF STATE O4/15/DATE Date Date