

P06000025736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

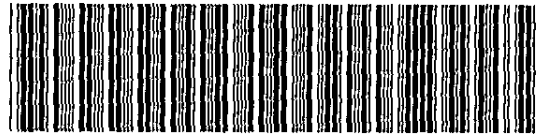
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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06 FEB 20 PM 12:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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06 FEB 20 AM 10:22

UNIVERSITY OF FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

D. WHITE FEB 21 2006

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Treasure Gemstone, Inc.

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)

☐ Walk in

☒ Pick up time \_\_\_\_\_

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

# 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:

TREASURE GEMSTONE, INC.

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TALLAHASSEE, FLORIDA

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1290 DOVE AVE - MIAMI SPRINGS, FL 33166

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

## ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

SILVIA Y. CESPEDES (PD) 1290 DOVE AVE - MIAMI SPRINGS, FL 33166

MARIA A. ALOISE (V/S) 1290 DOVE AVE - MIAMI SPRINGS, FL 33166

## ARTICLE VI REGISTERED AGENT

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

SILVIA Y. CESPEDES

1290 DOVE AVE - MIAMI SPRINGS, FL 33166

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MARIA A. ALOISE & SILVIA Y. CESPEDES

1290 DOVE AVE - MIAMI SPRINGS, FL 33166

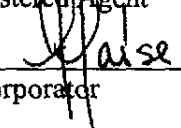
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent

\_\_\_\_\_  
FEBRUARY 17, 2006

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
FEBRUARY 17, 2006

\_\_\_\_\_  
Date