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SECRETARY OF  
TALLAHASSEE, FLORIDA

J. Shivers SEP 02 2008

## COVER LETTER

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

**SUBJECT:** Bejeweled, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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:** Audreen E. Haye

Name (Printed or typed)

6419 53rd Circle

Address

Vero Beach, FL 32967

City, State & Zip

(954) 592-6965

Daytime Telephone number

SECRETARY OF  
TALLAHASSEE, FLORIDA

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

## 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:

Bejeweled, Inc.

### **ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

6419 53rd Circle,  
Vero Beach, FL 32967

### **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:

Ten

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Title: President/CFO

Maureen A. Gipple, 6419 53rd Circle, Vero Beach, FL 32967

Title: Vice-President/COO

Audreen E. Haye, 6419 53rd Circle, Vero Beach, FL 32967

### **ARTICLE VI REGISTERED AGENT**

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

Audreen E. Haye  
6419 53rd Circle,  
Vero Beach, FL 32967


### **ARTICLE VII INCORPORATOR**

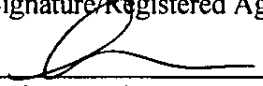
The name and address of the Incorporator is:

Audreen E. Haye  
6419 53rd Circle,  
Vero Beach, FL 32967

\*\*\*\*\*

*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

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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date

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