P11000003460

(Re	equestor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phone	e #)		
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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01/12/11--01008--002 **70.00

TO ACKNOWLEDGE SUFFICIENCY OF FILING RECEIVED
DEPARTMENT OF STATE
OF CORPORATION

IT JAN 12 AM IN STATE

COVER LETTER

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

SUBJECT:	CWEISZ (PROPOSED CORPORA	CASH	WC.
Enclosed are an original a			
	3.75 ing Fee Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL C	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED
	WTON 10 Name		
<u>48</u> IN	bhssæcity.		Pard 03
_8. _AP	Daytime T 6995 Q E-mail address: (to be used)	elephone number Alon Condition for future annual report	

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

I', ANTONIO PENEZ WILL NOT RENOKO
HLE DISSOLUTION OF JEWELS L'ASLINC.

DOS # PO9000081176.

I release the using for

Introvers

TILED

11 JAN 12 M. B. 43

SECRETARY OF STATE
ANASSEE, FLORIDA

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME T	1 - 1	FILED
ARTICLE I NAME The name of the corporation shall be: Jew	elsalash inc.	
ARTICLE II PRINCIPAL OFFICE		11 JAN 12 AM 10 48
Principal street address	Mailing ad	Idress, if different is ARY OF STATE
4886 TACKSON	cove ro.	FALL AHASSEE, FLORIDA
TAINHAGE FU 32303		
		
ARTICLE III PURPOSE	at.	
The purpose for which the corporation is organize Puppip 2870 3	is sell & Trade	Five son.
F-861/12 12 13		· / - Jemen
& Letter goods.		_
ARTICLE IV SHARES		
The number of shares of stock is: 2		
ARTICLE V INITIAL OFFICERS AND/	OR DIRECTORS	
Address: 1128 6 TOCKOLL	Cove RO Address:	
70/10/2000 C	7.	
31303		
Name and Title:	Name and Title:	
Address:		
		
<u></u>		
Name and Title:	Name and Title:	
Address:	Address:	
ARTICLE VI REGISTERED AGENT		
The name and Florida street address (P.O. Box N	OT acceptable) of the registered agent is:	
Name: ANTONIO POR		
Address: 4806 Tollico	1- 30303	
The name and address of the Incorporator is:		
Name: Artown Per	e2	
Address: 4886 JACICO	on Gove es	
tournele pu	31303	
Having been named as registered agent to accept	service of process for the above stated corpo	oration at the place designated in
this certificate, Jam familiar with and accept the a	ppointment as registered agent and agree to a	ct in this capacity
1/1/1/		1/12/1
Required Signature/Reg	istered A gent	1/12/11
n e) Date
I submit this document and affirm that the facts document to the Department of State constitutes a		
accumpant to interpreparament of state equisitates as	min well ce leton), as brosinen lor in 2017-12	7, 1, 10, 1

Required Signature/Incorporator