P11000055373

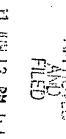
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| CORRECT add Name # 7 |
| DATE 6/14// |
| |

Office Use Only



06/13/11--01026--029 **87.50

SECRETARY OF STATE FALLAHASSEE, FLORIDA



COVER LETTER

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

| SUBJECT: RANS FORMA 10 N JEWELS (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 \$78.75 Filing Fee & Certificate of Status \$78.75 \$87.50 Filing Fee & Certified Copy & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED | | | | | | |
| FROM: ROSANNA COLUCCI DIXON Name (Printed or typed) | | | | | | |
| 436 ATLANTIC BLVD. | | | | | | |
| NEPTUNE BEACH, FL. 32266 City, State & Zip | | | | | | |
| 904-241-3407 Daytime Telephone number | | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | | |

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 The name of the c | NAME corporation shall be: Transfer mation Jewe | els, Inc. | 71 JUN 13 PM 1: 1 |
|--|---|---|---|
| ARTICLE II | PRINCIPAL OFFICE Principal street address 436 ATLANTIC BLVD. NEPTUNE BEACL FL 32266 | Mailing address, i | fdi ge Cretary of State fdigetariassee, florida |
| The purpose for | PURPOSE which the corporation is organized is: | | |
| To | MANUFACTURE 9 SELL TENDE | Elky | |
| | , | / | |
| ARTICLE IV The number of sh | sHARES hares of stock is: /000 | | |
| ARTICLE V Name and Address: | VERTUNE BIACK, FL. 32266 | | RETHRY |
| Name and 'Address: | Title: CARM! REEVES CANIPE V. P. Name at 436 ATLANTIC BLVD Address NETTUNE BEACH, FL. 32266 | D-TREASURER | |
| Name and Address: | Title: Name at Address | nd Title: | |
| ARTICLE VI The name and F Name: Address: | REGISTERED AGENT Torida street address (P.O. Box NOT acceptable) of the register BOSANNA COLUCCE DIXON 436 ATTANTIC BLUD NETTUNE BOACH, FL 32 | ered agent is: | |
| ARTICLE VII The name and ac Name: Address: | HOGANA COLLIC DIXON | -46 | |
| Having been nar this certificate, I | med as registered agent to accept service of process for the a am familiar with and accept the appointment as registered age | bove stated corporation ent and agree to act in the | at the place designated in is capacity |
| | Required Signature/Registered Agent | | // Date - |
| I submit this document to the | ocument and affirm that the facts stated herein are true. I an Department of State constitutes a third degree felony as provid | n aware that the false ir led for in s.817.155, F.S. | nformation submitted in a |
| ***** | Required Signature Incorporator | | 6/8/// Date |
| | 1 | | • |