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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : CSH SERVICES, LLC  
Account Number : I20070000160  
Phone : (800) 494-3124  
Fax Number : (561) 455-9885

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION  
PINZ AND NEEDLZ INC.

Certificate of Status	0
Certified Copy	0
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TALLAHASSEE, FLORIDA

11 DEC 28 PM 4:00

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PS 12/29/11

## **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:

PINZ AND NEEDLZ INC.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

14950 GULF BLVD #604  
MADEIRA BEACH, FL 33708

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### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

### **ARTICLE IV SHARES**

The number of shares of stock is:

10,000,000 COMMON SHARES PAR VALUE \$0.01

### **ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)**

The name(s), address(es), and title(s) of the directors and officers is/are:

DIRECTOR, PRESIDENT, VICE-PRESIDENT, SECRETARY, TREASURER  
JOHN BRUCE TERRY  
14950 GULF BLVD #604  
MADEIRA BEACH, FL 33708

### **ARTICLE VI EFFECTIVE DATE**

The effective Date of the business is

JANUARY 1, 2012

PAGE 2 PINZ AND NEEDLZ INC.

**ARTICLE VII REGISTERED AGENT**

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

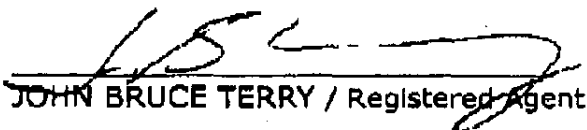
JOHN BRUCE TERRY  
14950 GULF BLVD #604  
MADEIRA BEACH, FL 33708

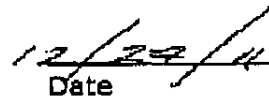
**ARTICLE VIII INCORPORATOR**

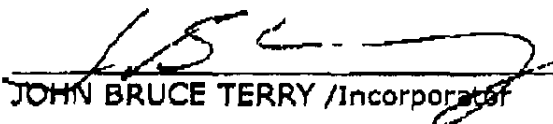
The name and Florida street address of the Incorporator is:

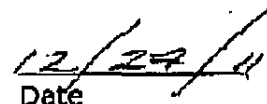
JOHN BRUCE TERRY  
14950 GULF BLVD #604  
MADEIRA BEACH, FL 33708

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.

  
JOHN BRUCE TERRY / Registered Agent

  
Date

  
JOHN BRUCE TERRY / Incorporator

  
Date

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