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To:

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Fax Number : (850)617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 : (305)634-3694 Phone

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Email Address:

# FLORIDA PROFIT/NON PROFIT CORPORATION JEWELSURANCE, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
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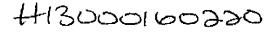
EMPIRE CORP

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PAGE 01/03





In compliance with the requirements of Florida Statutes, Chapter 607 and/or Chapter 521, the following Articles of Incorporation are being adopted and filed for the purpose of organizing a for-profit company:

## ARTICLE I NAME

The name of the company is: Jewelsurance, Inc.

## ARTICLE II DATE OF INCORPORATION

The existence of this company shall be begin within five (5) business days prior to the date of filing.

## ARTICLE III PRINCIPAL OFFICE

The mailing address and the street address of the principal office of this company is:

Principal Office Address
1120 Ponce de Leon Boulevard
Coral Gables, Florida 33134

Mailing Address
1120 Ponce de Leon Boulevard

Coral Gables, Florida 33134

#### ARTICLE IV PURPOSE

The purpose for which this corporation is organized is to broker and sell insurance for the jewelry industry.

#### ARTICLE V SHARES

The number of shares of stock is 100 shares of common stock.

#### ARTICLE VI REGISTERED AGENT

The name and street address of the registered agent is: Douglas P. Zingler, Esq., 1120 Ponce de Leon Boulevard, Coral Gables, Florida 33134.

### ARTICLE VII INITIAL OFFICERS

The name and address of the initial officers and/or directors are as follows:

<u>Title</u> President Name and Address
Gary J. Wasserman
2518 Montclaire Circle
Weston, Florida 33327

### ARTICLE VIII INCORPORATOR

The name and address of the incorporator is: Gary J. Wasserman, 2518 Montclaire Circle, Weston, Florida 33327.

Page 1 of 2

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EMBIBE CORP

Having been named as a registered agent to accept service and process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as a registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 607 of the Florida Statutes.

Signed Dugles V. Zuglu

DOUGLAS P. ZINGLER, ESQ.

Date July 17, 201

TETO

Druglas P. Zingler
(Print Name)

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted to the Department of State constitutes a third degree felony as provided for in Florida Statutes Section 817.155.

Signed Lacy J. Wasserman

Date July 17, 2013

Print Namey

Page 2 of 2

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