

P13000075000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

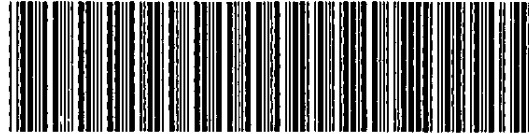
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13 SEP -9 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: _____

DivJewels, 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: _____

Joseph Kevin mabe

Name (Printed or typed)

174 SW colesbury ave

Address

Port St Lucie, FL 34953

City, State & Zip

(0212) (917) 574-3660

Daytime Telephone number

divjewelsny@gmail.com

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 27, 2013

JOSEPH KEVIN MABE
174 SW COLEBURY AVE
PORT ST LUCIE, FL 34953

SUBJECT: DIVAJEWELS, INC.
Ref. Number: W13000047752

RECEIVED
13 SEP -9 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for DIVAJEWELS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete article VI the name and address of the Registered Agent.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 513A00020362

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: Divajewels, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

Joseph Kevin Mabe
174 SW Colebury ave
Port St Lucie FL 34953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: wholesale jewelry distributor

ARTICLE IV SHARES

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joseph Kevin Mabe Name and Title: President

Address: 174 SW Colebury ave Address: _____
Port St Lucie FL 34953
President.

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILED
13 SEP -9 AM 10:03
CLERK OF COURT
PORT ST LUCIE, FL 34953

(cont.)

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Joseph Kevin mabe

Address: 174 SW colesbury ave

Port St Lucie Fl
34953

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Ronnet Cohen Lapes

Address: 174 SW colesbury ave

Port St Lucie Fl 34953

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

Joseph K. Mabe

Required Signature/Registered Agent

8/20/13

Date

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

[Signature]

Required Signature/Incorporator

Aug 20, 2013

Date