Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000105450 3)))



H180001054503ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

: BLUMBERG/EXCELSIOR CORPORATE SERVICES Account Name

Account Number: 075350000353 Phone

: (800)221-2972

Fax Number

: (888)692-9256

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

J. Ortman Inc.

	·
Certificate of Status	[0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

M CULLIGAN

APR 4 2013

, c	FILED		
18	APR-3	AH IO: LI	ı

ARTICLES OF INCORPORATION | In compliance with Chapter 607 and/or Chapter 621, F.S. (Profise CRETARY OF STATE TALLAHASSEE, FLORIDA ARTICLE I NAME ARTICLE II PRINCIPAL OFFICE Principal street address Mailing address, if different is: 785 NE 71 st Street 785 NE 71 st Street Boca Raton, FL 77347 Boca Raton, FL 77347 The purpose for which the corporation is organized is:

Jewlery wholesale/retail. ARTICLE III PURPOSE ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Heidi Ortman Sheff - Director Name and Title: 785 NE 71 st Street Address __ Address: Boca Raton, FL 77347 Name and Title:______ Name and Title:______ Address Name and Title: Name and Title: _____ Address: Address

Fro	m 7188897420 1.718.889.7420 Tue Apr	3 13:30:25 2018 MD	T Page 3 of 3
Name :	and Title:	Name and Title:	
Addre		Address:	
ARTICLE VI The name and Name:	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable BlumbergExcelsior Corporate Services, Inc.	of the registered agent is:	
Address:	155 Office Plaza Drive, 1st Fl.		
	TALLAHASSEE, FL 32301		TAL SE
	Ana Maisonavw 16 Court St Brooklyn, NY 11241		APR-3 MID: W
Effective date	I EFFECTIVE DATE: if other than the date of filing: date is listed, the date must be specific and car	. (OPTIONA inot be more than five days	AL) prior or 90 days after the
Note: If the dathe document's	ate inserted in this block does not meet the applical seffective date on the Department of State's record	ble statutory filing requirements.	nts, this date will not be listed as
Having been n this certificate,	amed as registered agent to accept service of proc I am famillar with and accept the appointment is	ess for the above stated corp registered agent and agree to	poration at the place designated in pact in this capacity
	etary, Jose Mojica		03/23/2018
	Required Signature/Registered Agent	17	Date
I submit this d document to th	ocument and affirm that the facts stated herein a e Department of State constitutes a third degree fe	ire true. I am aware that the tony as provided for in \$.817.	e false information submitted in a
Cen a	Maisonaul		03/23/20185
Rea	Maus an aut		Date