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Division of Corporations

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From:

Account Name : LEGALING CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

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## FLORIDA PROFIT/NON PROFIT CORPORATION **MVJ JEWELRY INC**

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## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

name of the corpo	oration shall be: MVJ JEWELRY IN	<u> </u>	
TICLE II PRI	NCIPAL OFFICE Principal street address	Mailing address, if different	is:
NW 27 AVENU		SAME	
IAMI FL 33125			<del></del> -
CTICLE III PUR e purpose for whic	RPOSE		
ENGAGE IN AI	YY LAWFUL ACTIVITY PERMITTE	D BY	
IE LAWS OF TH			
<del>-</del>			
Name and Ti	TAL OFFICERS AND/OR DIRECTO ide: ANDY GARCIA-PRESIDENT	Name and Title:	
Address	800 NW 27 AVENUE		
N	MIAMI FL 33125	S	2018
		20	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Name and Tit	le:	ASA HVR	-V 2
	le:	် လိ	<u> </u>
Address		Address:	
		— FIA	- <del></del> -
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Name and Titl			
Name and Titl	le:	Name and Title:	
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Name an	d Title:	Name and Title:		
Address				
ARTICLE VI The name and F	REGISTERED AGENT  lorida street address (P.O. Box NOT acceptal  ANDY GARCIA-PRESDENT			
Address:	800 NW 27 AVENUE			
	MIAMI FL 33125	<del></del>		
ARTICLE VII	<u>INCORPORATOR</u>		2018 SEC	
The name and se	ddress of the Incorporator is:			
Name:	ANDY GARCIA-PRESIDENT		ZOIO NOV 21 SEGRETARI TALLAHA	
Address:	800 NW 27 AVENUE		AM Y OF ASSE	
	MIAMI FL 33125		H 8: 4	
ARTICLE VIII	FFFFCTIVE DATE.		l.μ. <b>Ω</b>	
Effective date, if (If an effective d filing.)	other than the date of filing:	. (OPTIONA annot be more than five days	.L) prior or 90 days after the	
Note: If the date the document's e	inserted in this block does not meet the applience of State's reconstructive date on the Department of State's reconstructive date.	cable statutory filing requirements.	nts, this date will not be listed as	
Having been not this certificates A	ned as registered agent to accept service of pr am familiar with and accept the appointment	rocess for the above stated corp as registered agent and agree to	oration at the place designated in act in this capacity	
× -1-	Talina		11/20/18	
	Required Signature/Registered Agen	τ	Date	
I submit this document for the	ilment and affirm that the facts stated herein Department of State constitutes a third degree	are true. I am aware that the felony as provided for in s.817.	false information submitted in a 155, F.S.	
X-FT			11/20/18	
Kequi	Ned Signature/Incorporator	· · · · · · · · · · · · · · · · · · ·	Date	