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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 : (305)552-5973 Phone Fax Number : (305)675-5944

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

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## FLORIDA PROFIT/NON PROFIT CORPORATION LUXURY WATCH AND JEWELRY CHAKKAL INC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 1       |
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| Estimated Charge      | \$78.75 |

7673

Electronic Filing Menu

Corporate Filing Menu

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

| <b>ARTICLE 1</b> NAME: The name of the corporation is:                                |  |  |  |
|---|--|--|--|
| LUXURY Watch And Jewelex Chakkal inc  |  |  |  |
| ARTICLE II PRINCIPAL OFFICE:  |  |  |  |
| The principal street address and mailing address is:                                  |  |  |  |
|   |  |  |  |
| 4017 ORKNOY AVE OPLANDO FLORIDA   |  |  |  |
| 31809   |  |  |  |
| ARTICLE III SHARES: The number of shares of stock is:                                 |  |  |  |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:   |  |  |  |
| JOAN PIERRE DUAlles CHAKKAL (P)   |  |  |  |
|   |  |  |  |
| 20 Z  |  |  |  |
| AHE A   |  |  |  |
| ASSE SEE  |  |  |  |
| ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS.                                |  |  |  |
| The name and Florida street address (PO Box not acceptable) of the registered agents: |  |  |  |
| JEAN PICERE OUAlles ChaKKAL &   |  |  |  |
| 4017 ORKNEY AVE DELANDO FLORIDA   |  |  |  |
| 32809   |  |  |  |
| ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:                 |  |  |  |
| TON DOLDER OUALLES CHANNEL  |  |  |  |
| 4017 ORKNEY AUG ORIANDO FBRICA  |  |  |  |
| 22000   |  |  |  |

. .

## Required Signatures:

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

| JaAN Praper      | Ouallas Chakkal |      |
|------------------|-----------------|------|
| Registered Agent |                 | 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.

Jan Diagra Ouallas Chakkal
Incorporator Date