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(((H240000421123)))



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io:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845)425-0077 Fax Number : (845)818-3588

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

FLORIDA PROFIT/NON PROFIT CORPORATION COUPONIX WHOLESALE JEWELERY INC

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February 1, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

VCORP SERVICES, LLC

,

SUBJECT: COUPONIX WHOLESALE JEWERLY INC

REF: W24000017215

We have received your document for COUPONIX WHOLESALE JEWERLY INC . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The layout of each page should be in potrait mode or vertical, not in landscape mode or horizontal.

Please return 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.

Monique K Anderson Regulatory Specialist II FAX Aud. #: H24000042112 Letter Number: 224A00002246

ARTICLES OF INCORPORATION

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

<u>TICLE II PRINC</u>	APAL OFFICE Principal <u>street</u> address	Mailing address, if different is:	
65JRONWOOD W	AY, PARKLAND, FL 33067	7965 IRONWOOD W	/AY, PARKLAND, FL 33067
			<u></u>
<u>RTICLE III - PURP</u>	<u> 2SE</u>		
e purpose for which t	he corporation is organized is:		
WHOLESALE JEWE	ERY		
			
	· · · · · · · · · · · · · · · · · · ·		
			
	L OFFICERS AND/OR DIRECTORS		
Name and Title	ARTHUR BLAIRE, President	Name and Title:	
Address	7965 IRONWOOD WAY, PARKLAND, FL 33067	Address:	
			? 23
			124 F
			24 FER
			2024 FEB -
Name and Title:		Name and Title:	<u> </u>
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Name and Title:		. 11	- <u>-</u> - <u>-</u>
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Address Name and Title:		Address: Name and Title:	P1
Addiess		Address: Name and Title:	-1 PH 12: 33
Address Name and Title:		Address: Name and Title:	P1
Address Name and Title:		Address: Name and Title:	P1

To: ·

Name	and Title:	Name and Title:
Addre	css	Address:
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of	f the registered agent is:
Name:	ARTHUR BLAIRE	
Address:	7965 IRONWOOD WAY, PARKLAND, FL 33067	- FB
<u>ARTICLE VII</u>	INCURPORATOR	1024 FEB -1 PH 12: 33
The name and	address of the Incorporator is:	
Name:	ARTHUR BLAIRE	-
Address:	7955 IRONWOOD WAY, PARKLAND, FL 33067	-
Effective date,	I EFFECTIVE DATE: if other than the date of filing: date is listed, the date must be specific and cannot	. (OPTIONAL) of the more than five days prior or 90 days after the
	ate inserted in this block does not meet the applicable effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as
	uned as registered agent to accept service of process for familiar with and accept the appointment as register	or the above stated corporation at the place designated in this red agent and agree to act in this capacity
/s/ARTH	IUR BLAIRE	02/01/2024
	Required Signature/Registered Agent	Date
	ocument and affirm that the facts stated herein are e Department of State constitutes a third degree felon	true. I am aware that the false information submitted in a y as provided for in s.817.155, F.S.
/s/ARTHL	JR BLAIRE	02/01/2024
	ture/Incorporator	Date