

# CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870

Mailing Address: Post Office Box 10349, Tallahassee, FL 32302

TOLL FREE No. 1-800-342-8062

FAX (904) 222-1222

NAME \_\_\_\_\_

FIRM \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE ( ) \_\_\_\_\_

Service: Top Priority \_\_\_\_\_ Regular \_\_\_\_\_  
One Day Service Two Day Service

To us via \_\_\_\_\_ Return via \_\_\_\_\_

Matter No.: \_\_\_\_\_ Express Mail No. \_\_\_\_\_

State Fee \$ \_\_\_\_\_ Our \$ \_\_\_\_\_

RE: Jewel By Robert,

Inc.

C.C. FEE.

DISBURSED

\_\_\_\_ Capital Express™  
\_\_\_\_ Art. of Inc. File  
\_\_\_\_ Corp. Record Search  
\_\_\_\_ Ltd. Partnership File  
\_\_\_\_ Foreign Corp. File  
\_\_\_\_ ~~( )~~ Copy(s)

\_\_\_\_ Art. of Amend. File  
\_\_\_\_ Dissolution/Withdrawal  
\_\_\_\_ ✓ C U S - 95  
\_\_\_\_ Fictitious Name File

\_\_\_\_ Name Reservation 200002071382-7  
\_\_\_\_ Annual Report/Reinstatement -01/29/97-01014-008  
\_\_\_\_ Reg. Agent Service \*\*\*\*\*78.75 \*\*\*\*\*78.75  
\_\_\_\_ Document Filing

\_\_\_\_ Corporate Kit  
\_\_\_\_ Vehicle Search  
\_\_\_\_ Driving Record  
\_\_\_\_ Document Retrieval

\_\_\_\_ UCC 1 or 3 File  
\_\_\_\_ UCC 11 Search  
\_\_\_\_ UCC 11 Retrieval  
\_\_\_\_ File No.'s, \_\_\_\_\_ Copies  
\_\_\_\_ Courier Service  
\_\_\_\_ Shipping/Handling  
\_\_\_\_ Phone ( )  
\_\_\_\_ Top Priority  
\_\_\_\_ Express Mail Prep.  
\_\_\_\_ FAX ( ) pgs.

SUBTOTALS \_\_\_\_\_

REQUEST TAKEN CONFIRMED APPROVED

DATE \_\_\_\_\_

TIME \_\_\_\_\_ CK No. \_\_\_\_\_

BY BAR \_\_\_\_\_

WALK-IN Will Pick Up 129 110 129

FEE.....  
DISBURSED.....  
SURCHARGE.....  
TAX on corporate supplies.....  
SUBTOTAL.....  
PREPAID.....  
BALANCE DUE.....  
\$

Please remit invoice number with payment  
TERMS: NET 10 DAYS FROM INVOICE DATE  
1 1/2% per month on Past Due Amounts  
Past 30 Days, 10% per Annum.

THANK YOU  
from  
Your Capital Connection

97 JAN 29 AM 9:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

RECEIVED  
97 JAN 29 AM 9:07  
DIVISION OF CORPORATION

**ARTICLES OF INCORPORATION**  
**OF**

**Jewels By Robert, Inc.**

FILED  
97 JAN 29 AM 9:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I NAME**

The name of the corporation shall be:

**Jewels By Robert, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

**22445 S.W. 66<sup>th</sup> Avenue, #204  
Boca Raton, FL 33428  
(954) 469-0777**

**ARTICLE III CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

**One Thousand Shares (1000.) at One Dollar (\$1.00) par value per share.**

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

**Robert Waknine  
22445 S.W. 66<sup>th</sup> Avenue, #204  
Boca Raton, FL 33428**

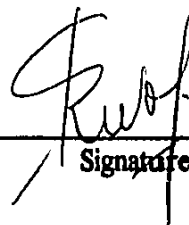
**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporators to these Articles of incorporation is(are):

**President/Director**  
**Robert Waknine**  
**22445 S.W. 66<sup>th</sup> Avenue, #204**  
**Boca Raton, FL 33428**

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

21<sup>st</sup> day of January, 19 97.



Signature

Signature

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

FILED  
97 JAN 29 AM 9:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: Jewels By Robert, Inc.

2. The name and address of the registered agent and office is:

Robert Waknine

(NAME)

22445 S.W. 66<sup>th</sup> Avenue, Apt. 204

(P.O. BOX NOT ACCEPTABLE)

Boca Raton, FL 33428

(CITY,STATE,ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

DATE

1/21/97