TRANSMITTAL LETTER

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Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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97 AHG -7	SECRETARY DIVISION OF C
PM 3:50	ETARY OF STATE

RIVERPLACE JEWELERS, INC. SUBJECT: (Proposed corporate name - must include suffix) 900002260639--08/07/97--01062--017 *****78.75 *****78.75 Enclosed is an original and one(1) copy of the articles of incorporation and a check for: \$70.00 \$78.75 \$122.50 \$131.25 Filing Fee Filing Fee, Filing Fee Filing Fee & Certificate & Certified Copy Certified Copy & Certificate ADDITIONAL COPY REQUIRED NORMAN J. ABOOD FROM: Name (Printed or typed) 1015 BLACKSTONE BUILDING Address

JACKSONVILLE, FLA 32202

City, State & Zip

(904) 354-3304

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

RIVERPLACE JEWELERS, INC.

ARTICLE II PRINCIPAL OFFICE

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

1301 Riverplace Boulevard Suite C-18 Jacksonville, FL 32207

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Norman J. Abood, Esquire 1015 Blackstone Building 233 E. Bay Street

ARPRESE V 111 INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Rita Stankowitz

c/o Linda LiBrandi 6316 Curley Court Jacksonville, FL 32216

Signature/Incorporator

8-1-97

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate. Thereby 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 like proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature Registered Agent

NORMAN J. ABOOD

1015 BLACKSTONE BLDG. JACKSONVILLE, FL. 32202 Date