

798000043453



PHILLIP L. GLECKMAN  
603 IVES DAIRY RD # G103  
MIAMI FL 33177-3470

City/State/Zip

500002519005--4  
-05/11/98-01111-003  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

FILED  
 98 MAY 11 AM 8:20  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

- ☐ Walk in      ☐ Pick up time \_\_\_\_\_      ☐ Certified Copy  
☐ Mail out      ☐ Will wait      ☐ Photocopy      ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF INCORPORATION**

**OF**

**COLLECTORS INTERNATIONAL EXCHANGE**

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

**ARTICLE I NAME**

The name of the corporation shall be: **COLLECTORS INTERNATIONAL EXCHANGE INC.**

The principal place of business of this corporation shall be:  
**12000 BISCAYNE BLVD SUITE 606 NORTH MIAMI, FL 33181**

**ARTICLE II NATURE OF BUSINESS**

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

**ARTICLE III CAPITAL STOCK**

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: **10,000<sup>AUTHORIZED</sup> SHARES, \$ 1 PAR VALUE**

**ARTICLE IV TERM OF EXISTENCE**

This corporation is to exist perpetually.

**ARTICLE V OFFICERS DIRECTORS**

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

**ROSALYN COHEN  
12000 BISCAYNE BLVD SUITE 606  
NORTH MIAMI, FL 33181**

FILED  
98 MAY 11 AM 8:20  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

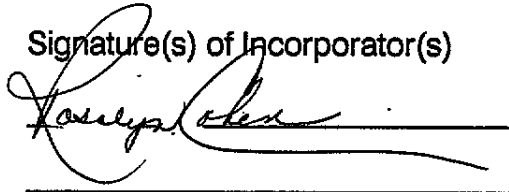
**ARTICLE VI INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

ROSALYN COHEN  
12000 BISCAYNE BLVD SUITE 606  
NORTH MIAMI, FL 33181

**IN WITNESS WHEREOF**, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 8 day of MAY, 1998.

Signature(s) of Incorporator(s)

  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF DADE

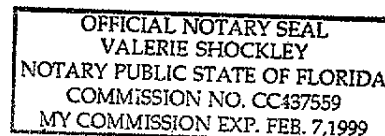
THE FOREGOING instrument was acknowledged and sworn to before me this 8 day of MAY, 1998, by ROSALYN COHEN  
(Name of incorporator)  
of COLLECTORS INTERNATIONAL EXCHANGE INC.  
(Name of Corporation)

Notary Public

  
My Commission Expires: \_\_\_\_\_

(SEAL)

ARTICLES OF INCORPORATION FILING FEE: \$20



**CERTIFICATE DESIGNATING**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, 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: COLLECTORS INTERNATIONAL  
EXCHANGE INC.

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

PHILLIP L. GLICKMAN CPA  
605 IVES DAIRY ROAD 6103  
(P. O. BOX NOT ACCEPTABLE)  
NORTH MIAMI BEACH, FLORIDA 33179  
(CITY/STATE/ZIP)

SIGNATURE

[Signature]  
(Corporate Officer)

TITLE

Resident

DATE

MAY 8, 1998

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE

Phillip L. Glickman CPA  
(Registered Agent)

DATE

MAY 8, 1998