

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 AUG 13 AM 11:12

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Dr. Bob's Jewelry
on line, Inc.

800002614548-4
-08/13/98-01003-024
*****70.00 *****70.00

Signature _____

Requested by: CS

Name _____

Date 8/13

Time 8:48

Walk-In _____

Will Pick Up _____

☒ Art of Inc. File photo

____ LTD Partnership File _____

____ Foreign Corp. File _____

____ L.C. File _____

____ Fictitious Name File _____

____ Trade/Service Mark _____

____ Merger File _____

____ Art. of Amend. File _____

____ RA Resignation _____

____ Dissolution / Withdrawal _____

____ Annual Report / Reinstatement _____

____ Cert. Copy _____

☒ Photo Copy _____

____ Certificate of Good Standing _____

____ Certificate of Status _____

____ Certificate of Fictitious Name _____

____ Corp Record Search _____

____ Officer Search _____

____ Fictitious Search _____

____ Fictitious Owner Search _____

____ Vehicle Search _____

____ Driving Record _____

____ UCC 1 or 3 File _____

____ UCC 11 Search _____

____ UCC 11 Retrieval _____

____ Courier _____

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RECEIVED

RP
08-13-98

ARTICLES OF INCORPORATION

OF

DR. BOB'S JEWELRY ON LINE, INC.

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The Undersigned, for the purpose of forming a corporation under the Florida Business Corporation Act, do hereby adopted the following Articles of Incorporation:

ARTICLE 1.0 NAME AND ADDRESS

The name of the Corporation is: Dr. Bob's Jewelry On Line, Inc. The principal office and mailing address is 6846 Arlington Expressway, Jacksonville, Florida 32211.

ARTICLE 2.0 DURATION

The duration of the Corporation is perpetual.

ARTICLE 3.0 PURPOSE

The initial business of the Corporation shall be the sale of jewelry and other items on the Internet, publishing on the Internet, and repair and networking of machines which access the Internet.

ARTICLE 4.0 SHARES

The aggregate number of shares which the corporation is authorized to issue is One Thousand (1,000) shares of common stock. Such shares shall be of a single class and shall have a par value of \$1.00 per share.

ARTICLE 5.0 INITIAL REGISTERED OFFICE AND AGENT

The street and mailing address of the initial registered office of the Corporation is 320 East Adams Street, Jacksonville, Florida, 32202, and the names of the initial registered agent at that address is Allen L. Poucher, Jr., Esquire.

ARTICLE 6.0 DIRECTORS

The number of Directors constituting the initial Board of Directors are three (3). The number of Directors may be increased or decreased from time to time in accordance with the Bylaws but never shall be less than one. The name and address of the initial Directors of the Corporation is as follows:

Linville Monroe Meadows, M.D.

340 Silversmith Lane
Jacksonville, Florida 32216

Robert Cole Meadows

6318 Whispering Oaks Drive West
Jacksonville, Florida 32277

William David Meadows

340 Silversmith Lane
Jacksonville, Florida 32216

ARTICLE 7.0 THE NAME AND ADDRESS OF EACH INCORPORATOR

The name and address of the Incorporator is as follows:

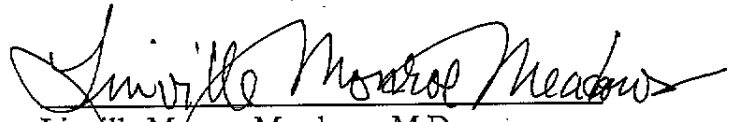
Linville Monroe Meadows, M.D.

340 Silversmith Lane
Jacksonville, Florida 32216

ARTICLE 8.0 AMENDMENT

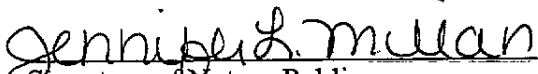
The Corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation or any amendment to them, and any right conferred upon the Shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned has signed these Articles of Incorporation on this 16th day of August, 1998.


Linville Monroe Meadows, M.D.,
Incorporator

STATE OF FLORIDA
COUNTY OF DUVAL

The foregoing instrument was acknowledged before me this 7th day of January, 1997, by Linville Monroe Meadows, on behalf of the Corporation. He is personally known to me or has produced _____ as identification.


Signature of Notary Public

Jennifer L. Millan
Printed Name of Notary Public


5/24/02
My Commission Expires:



Jennifer L. Millan
MY COMMISSION # CC710726 EXPIRES
May 24, 2002
BONDED THRU TROY FAYN INSURANCE, INC.

ACCEPTANCE BY DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

I, the undersigned person, having been named as registered agent and to accept service of process for the above-stated corporation at the place designated in this statement, 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.


Allen L. Poucher, Jr., Esquire, Registered Agent

Date: 8-6-98

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