

TRANSMITTAL LETTER

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

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-09/02/99--01049--008

\*\*\*\*\*87.50 \*\*\*\*\*87.50

**SUBJECT:** NOVELLA ENTERPRISES, INC.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Michael Pedone  
Name (Printed or typed)

5174 Mabry Drive  
Address

Naples, Florida 34112  
City, State & Zip

(941) 774-3343  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 SEP - 2 PM 1:15

FILED

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

TS 9/8/99

**Articles of Incorporation  
of  
Novella Enterprises Inc.**

**I.  
Name**

The name of the Corporation is Novella Enterprises Inc., hereinafter referred to as the "Corporation."

**II.  
Purposes**

The purpose of the Corporation is to transact any and all lawful business for which corporations may be incorporated under the laws of the State of Florida, as they may be amended from time to time.

**III.  
Principal Office and Registered Agent**

The principal office of the Corporation is 5174 Mabry Drive, Naples, Florida 34112. The Corporation may maintain offices and/or transact business at other locations, either within or without the State of Florida. The name and address of the registered agent for service of process upon the Corporation is BARBARA PEDONE, 5174 MABRY DRIVE, NAPLES, Florida 34112.

**IV.  
Duration**

The duration of the Corporation shall be perpetual.

**V.  
Initial Business**

The initial business of the Corporation shall be:

retail Jewelry

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TALLAHASSEE, FLORIDA

**VI.**  
**Capital Stock**

The Corporation is authorized to issue only one class of shares of stock which shall be designated Common Stock. The total number of shares the Corporation shall have authority to issue is 1,000, each share to have a par value of \$ 1.00.

**VII.**  
**Incorporators**

The names and mailing addresses of the incorporators are:

<u>Incorporator Name</u>	<u>Incorporator Address</u>
Barbara Pedone	5174 Mabry Drive Naples, Florida 34112
Michael Pedone	5174 Mabry Drive Naples, Florida 34112

**VIII.**  
**Directors**

The number of directors constituting the initial Board of Directors of the Corporation is:                     . The name(s) and address(es) of the person(s) who is/are appointed to act as the initial director(s) of the Corporation is/are:

<u>Director Name</u>	<u>Director Address</u>
Barbara Pedone	5174 Mabry Drive Naples, Florida 34112
Michael Pedone	5174 Mabry Drive Naples, Florida 34112

**IX.**

**No Personal Liability**

The private property of the stockholders shall not be subject to the payment of corporate debts.

**X.**

**Operating Provisions**

The provisions for the operation, regulations, and management of the business and internal affairs of the Corporation shall be as set forth in the Bylaws, which may be amended from time to time by a majority vote of a quorum of the Board of Directors.

**XI.**

**Fiscal Year**

The fiscal year of the Corporation shall be from January 1st to December 31st of each year.

IN WITNESS WHEREOF, we have hereunto set our hands and seals on this, the 30<sup>th</sup> day of AUG., 1999.

Barbara Pedone  
Michael Pedone

Incorporator/Registered Agent  
I hereby accept th designation  
of Registered Agent.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

State of Florida

County of Collier

BEFORE ME, the undersigned authority, on this day personally appeared BARBARA PEDONE, known to me to be the person described in, and whose name is subscribed to the foregoing document, who on oath stated to me that he/she executed the same for the purposes and consideration therein expressed.

SUBSCRIBED AND SWORN TO BEFORE ME this the 30th day of August, 19 99.



Denise K. Britton  
MY COMMISSION # CC681439 EXPIRES  
September 17, 2001  
BONDED THRU TROY FAIN INSURANCE, INC.

[Signature]  
Notary Public in and for the  
State of Florida

My Commission Expires:

State of Florida

County of Collier

BEFORE ME, the undersigned authority, on this day personally appeared Michael Pedone, known to me to be the person described in, and whose name is subscribed to the foregoing document, who on oath stated to me that he/she executed the same for the purposes and consideration therein expressed.

SUBSCRIBED AND SWORN TO BEFORE ME this the 30th day of August, 19 99.



Denise K. Britton  
MY COMMISSION # CC681439 EXPIRES  
September 17, 2001  
BONDED THRU TROY FAIN INSURANCE, INC.

[Signature]  
Notary Public in and for the  
State of Florida

My Commission Expires: