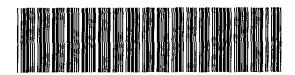
## W60000 37647

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W6-31641

## **COVER LETTER**

	ion of Corporation	ons							
SUBJECT:	FLOWER	CHILD	JEWE	ELERY	LLC				
		(Name	of Limite	d Liability	Сотралу	)			
The enclosed	Articles of Organ	ization and fo	ee(s) are s	ubmitted f	or filing.				
Please return a	ill correspondenc	e concerning	this matte	er to the fo	llowing:				
	FELIC	A AL	BER	464					
			C	Name of Pe	rson)				
<del></del>		ne a constantino	(	Firm/Comp	any)				
	4720	N 3	6 C	T					
<del></del>		N 3		(Address	)		<del></del>		<del></del>
	HOLL	4000p	. FI	L 3	302	}			
***************************************			(City	/State and Z	ip Code)				, ;
For further inf	ormation concern	ing this matt	er, please	call:					
FELL	(Name of Perso	SERY		at ( 95	4	985	1145		; ;;
	(Name of Perso	on)		(A	rea Code &	Daytime T	elephone Num	ber)	1. ·
Enclosed is a	check for the fe	ollowing am	ount:						ر ۲
□ \$125.00 Fil	ling Fee	130.00 Filin ficate of Sta		Certifie	5.00 Filin d Copy al copy is e	_	Certified	e of Status	& &
	Regi Divi P.O.	Ing Address stration Sectionsion of Corpo Box 6327 chassee, FL 3	orations	Ro D Cl 26	reet/Courtegistration ivision of (lifton Build 661 Execut	Section Corporatio ding tive Center	ons Circle		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

FLOWER CHILD TEWELE (Must end with the words "Limited Liability Company, "Limite	
ARTICLE II - Address:	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4720 N36 CT HOUYWOOD, FL 33021	4720 N36 CT HOLLYWOOD, FL 33021
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another
Felicia A. Name	Berg
4720 N36	CT 🔡
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
Holly wood City, State, as	FL 3302) nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited its certificate, I hereby accept the appointment as it. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

gent's Signature (REQUIRED)

<u>Title:</u> "MGR" = Man "MGRM" = M	ager anaging Member	Name and Address:	
MGRn		Feliaia A Bera	
**************************************	-	4720 N36 CT	
		Hollywood FL 33021	
MGR		Ion Beneliel	
		4720 N36 (7 Hellywood FL 33021	
		Hollywood FL 33021	<del></del>
<u> </u>			
(Use attachmer	nt if necessary)		·····
LE V: Effectiv	e date, if other than the	date of filing: (O	
LE V: Effective date is leading after the	e date, if other than the listed, the date must be		
LE V: Effective date is leading after the	e date, if other than the listed, the date must be date of filing.)		
LE V: Effective date is leading after the	e date, if other than the listed, the date must be date of filing.)  SIGNATURE:  Signature of a membe (In accordance with sec	r or an authorized representative of a member.  ction 608.408(3), Florida Statutes, the execution intutes an affirmation under the penalties of perjury	
LE V: Effective date is leading the days after the	e date, if other than the listed, the date must be date of filling.)  SIGNATURE:  Signature of a member of this document constitute that the facts stated here.	r or an authorized representative of a member.  ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury terein are true.)	
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LE V: Effective date is leading the days after the	signature of a member of this document constitute that the facts stated here.	r or an authorized representative of a member.  ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury terein are true.)	iness da