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(Requestor's Name)				
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EXAMINER



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IT MAY -9 PM 3:26
SECRETARY OF SIMIL

COVER LETTER

Division of Co	Division of Corporations				
SUBJECT: Berko	vich Gems LLC				
	Name of Limit	ed Liability Compa	ny		
The enclosed Articles of	of Organization and fee(s) are	submitted for filing	·		
Please return all corresp	oondence concerning this mat	ter to the following	:		
Kateryna	Berkovich				
		Name of Person			
		Firm/Company			
1650 Pric	kell Ave #202	1 miz Company			
1030 Bill	Kell Ave #202	Address			
Miami, Flo	rida 33129				
		y/State and Zip Code			
katerynabe	rkovich@gmail.com E-mail address: (to be used to	on future openial sono	+ notification)		
For further information	concerning this matter, please	•	n notricator)		
Kateryna Berkov	rich	786	285-6212		
	of Person	_ ai ()	& Daytime Telephone Number		
Enclosed is a check for	or the following amount:				
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Cop (additional copy	y Certificate of Status &		
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Bu 2661 Exec	of Corporations		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ANTICLE I - Name:	
The name of the Limited Liability Company	is:

Berkovich Gems LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office A	ddress:	Mailing Address:	
1650 Brickell Ave #3 Miami, Florida 3312		1650 Brickell Ave #202 Miami, Florida 33129	
(The Limited Liability Co- business entity with an ad	Inpany cannot serve as its own Rective Florida registration.) Itorida street address of the Solution Nar 1650 Brich Florida street: High Man:	L SAA BERG P	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I 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 as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title</u> "MG	<u>e:</u> iR" = Manager	Name and Address:
	GRM" = Managing Member	
MGR	RM	Kateryna Berkovich
		1650 Brickell Ave #202
		Miami, Florida 33129
		· ·
(Use	attachment if necessary)	
TICLE V	7: Effective date, if other than th	e date of filing: (OPTIONAL)
in effectiv	ve date is listed, the date must l	be specific and cannot be more than five business days prior
r 90 days	s after the date of filing.)	
REO	DUIRED SIGNATURE:	01
	Signature of a memb	per or an authorized representative of a member.
	(In accordance with secretary 60	8.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true.
	I am aware that any false infor	rmation submitted in a document to the Department of State
	constitutes a third degree felor	ny as provided for in s.817.155, F.S.)

Kateryna Berkovich

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)