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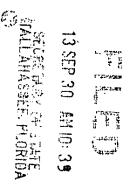
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#### **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: Broken Jade Watch Co. LLC.

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

## Cole Eugene Dylewski

Name of Person

Firm/Company

### 1071 S Hiawassee Rd Unit 1214

Address

Orlando, FI 32835

City/State and Zip Code

brokenjadewatchco@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cole Dylewski

*.*,918

928-2420

Name of Person

Area Code & Daytime Telephone Number.

Enclosed is a check for the following amount:

**□\$125.00** Filing Fee

\$130.00 Filing Fee & Certificate of Status

□\$155.00 Filing Fee & Certified Copy

(additional copy is enclosed)

\$160.00 Filing Fee, Certificate of Status & Certified Copy

(additional copy is enclosed)

**Mailing Address** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compar	ny is:		
Broken Jade Watch Co. L.L.C.			
(Must end with the words "Limited	d Liability Company, "L.L.C.," or "LLC.")		
ADDICE			
ARTICLE II - Address:	des mains in all a CC as a Cales I live in a I I	t-1.114 . O	
The mailing address and street address of t	the principal office of the Limited L	Liability Compar	ny is:
Principal Office Address:	Mailing Address:		
1071 S Hiawassee Rd Unit 1214	1071 S Hiawassee Rd Unit 1214		
Orlando, FI	Orlando, FI		
32835	32835		
The name and the Florida street address of Cole Dylewski	the registered agent are:  Name	13 SEP	
1071 S Hiawassee Rd Unit	1214	P 36	Shannan erran
Florida stre	eet address (P.O. Box NOT acceptable)		e Services
Orlando, Fl 32835	FL		
	ity, State, and Zip	Control of the contro	Tana,
Having been named as registered agent an liability company at the place designate registered agent and agree to act in this call statutes relating to the proper and con	ed in this certificate, I hereby accept capacity. I further agree to comply v mplete performance of my duties, an	the appointment with the provision ad I am familiar v	as ns of with
and accept the obligations of my position			
	J J J		

(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:

	Name and Address:
"MGR" = Manager "MGRM" = Managing Membe	r
MGRM	Cole Eugene Dylewski
	1071 S Hiawassee Rd Unit 1214
	Orlando FI, 32835
<del> </del>	
Use attachment if necessary)	
Use attachment if necessary)	
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LE V: Effective date, if other the fective date is listed, the date or 90 days after the date of file REQUIRED SIGNATURE:  Coloridation (In accordance with sections)	e must be specific and cannot be more than five busing.)  Le Dylewski  member or an authorized representative of a member ion 608.408(3). Florida Statutes, the execution of this document
LE V: Effective date, if other the fective date is listed, the date or 90 days after the date of file REQUIRED SIGNATURE:  Color Signature of a (In accordance with sect constitutes an affirmatio I am aware that any false)	e must be specific and cannot be more than five busing.)  Le Dylewski  member or an authorized representative of a member  ion 608.408(3), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true is information submitted in a document to the Department of State as
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)