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INSTRUCTIONS:

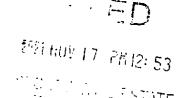
236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 11/17 DANNY CERTIFIED COPY $\mathbf{X}\mathbf{X}$ PHOTOCOPY **CUS** LLC $\mathbf{X}\mathbf{X}$ **FILING** 921 CENTER ST #8 LLC (CORPORATE NAME AND DOCUMENT #) SPECIAL

COVER LETTER

TO:	New Filing Sec Division of Co			
SUBJE		r St #8 LLC		
SUBJE		Name of Lim	ited Liability Company	
The end	closed Articles of	Organization and fee(s) are	submitted for filing.	
Please	return all corresp	ondence concerning this ma	tter to the following:	
			Name of Person	· · · · · · · · · · · · · · · · · · ·
			Firm/Company	
		· · · · · · · · · · · · · · · · · · ·	Address	
		Ci	ity/State and Zip Code	<u></u>
	nathaliedc@v	/ahanjewlry.com		
		E-mail address: (to be used	for future annual report notificati	ion)
For furth	er information co	incerning this matter, please	call:	
		aı ()	
	Nan	ne of Person Ar	ea Code Daytime Telephon	e Number
Enclose	ed is a check for t	he following amount:		
□\$ 125	5.00 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)
		ng Address	Street Address	
		iling Section on of Corporations	New Filing Section Di The Centre of Tallaha	
		on of Corporations Box 6327	2415 N. Monroe Stre	
		assee. FL 32314	Tallahassee. FL 3230	



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

d Liability Company is:

(Must contain the words "Limited Liabi	ility Company, "L.L.C.," or "LLC.")
E II - Address:	
ig address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address
Principal Office Address: 522 The Parkway	Mailing Address 522 The Parkway

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

NRAI Services, Inc. Name 1200 South Pine Island Road Florida street address (P.O. Box NOT acceptable) Plantation Florida 33324 State Zip City

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 605, F.S.,

Registered Agent's Signature (REQUIRED) Monus, Ass' Sec'y

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Nathalie Calousdian 522 The Parkway Mamaroneck, NY 10543
	
(Use attachment if necessary) CLE V: Effective date, if other than the	date of fitting: [1][6] 202] (OPTIONAL)
CLE V: Effective date, if other than the effective date is listed, the date must be te of filing.) If the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date in the	e specific and cannot be more than five business days prior to or 90 da not meet the applicable statutory filing regulrements, this date will not be
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