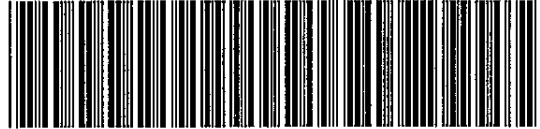


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04 MAR 09 AM 9:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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03/09/04--01066--009 \*\*125.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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**TRANSMITTAL LETTER**

**FILED**

**TO:** Registration Section  
Division of Corporations

04 MAR 09 AM 9:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SUBJECT:** Amore Beads, 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:

Herbert H. Rolnick, Esquire  
(Name of Person)

Rolnick & Netburn  
(Firm/Company)

9734 W. Sample Road  
(Address)

Coral Springs, Florida 33065  
(City/State and Zip Code)

For further information concerning this matter, please call:

Herbert H. Rolnick, Esquire at ( 954 ) 346-5001  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

04 MAR 09 AM 9:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

AMORE BEADS, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

5919 NW 122 Drive

Coral Springs, Florida 33076

**Mailing Address:**

5919 NW 122 Drive

Coral Springs, Florida 33076

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Herbert H. Rolnick

Name

9734 W. Sample Road

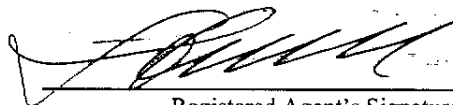
Florida street address (P.O. Box **NOT** acceptable)

Coral Springs

FLORIDA 33065

City, State, and Zip

*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, Florida Statutes..*



Registered Agent's Signature

**FILED**

04 MAR 09 AM 9:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Linda Kalister

5919 NW 122 Drive

Coral Springs, Florida 33076

MGRM

D. Scott Kalister

5919 NW 122 Drive

Coral Springs, Florida 33076

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

LINDA KALISTER

LINDA P KALISTER

Typed or printed name of signer

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)