

W04 000071355

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (877) 527-3463
Fax Number : (305) 675-2811

LIMITED LIABILITY COMPANY

Timeless Treasures ,LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:
Timeless Treasures ,LLC

ARTICLE II ADDRESS

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

18671 Collins Ave Suite 1802
North Miami, FL 33160

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE

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

Erika Millon
10701 SW 92nd Ave
Miami, FL 33176

Having been named as registered agent 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..



ERIKA MILLON / Registered Agent's Signature

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a Member Managed Company.

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TALLAHASSEE, FLORIDA

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PAGE 2 Timeless Treasures ,LLC

ARTICLE V MEMBERS (optional)

Managing Member:

Roxane B Duke

18671 Collins Ave Suite 1802

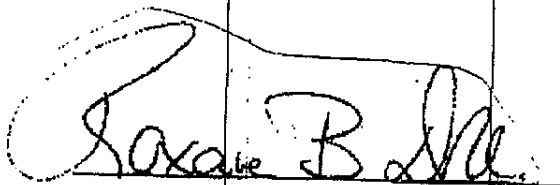
North Miami, FL 33160

Managing Member:

Erika Millon

10701 SW 92 Ave

Miami, FL 33176



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.

ROXANE B DUKE

Typed or printed name of signee

STATE OF FLORIDA
TALLAHASSEE

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