Florida Department of State

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LIMITED LIABILITY COMPANY

Jewelry Junction, LLC

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Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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Corporate Filing

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

Name and Address

The name of this Limited Liability Company is:

Jewelry Junction, LLC

The mailing address and street address of the Limited Liability Company are:

1741 N.W. 107th Avenue Pembroke Pines, FL 33026

ARTICLE II Term of Existence

This Limited Liability Company shall have perpetual existence, commencing upon the date of filing of these Articles with the Florida Department of State.

ARTICLE III Purpose and Powers

This Limited Liability Company is organized for the purpose of transacting and all lawful business for which a Limited Liability Company may be organized under the laws of the State of Florida.

ARTICLE IV

Powers

The Limited Liability Company shall have the powers granted to a Limited Liability Company under the laws of the State of Florida.

This form was prepared with the assistance of CourtAccess Centers of America, Inc., a non-lawyer located at 3249 W Cypress St., Suite C. Tampa, FL 33607, (813)-875-1333.

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Audit #H05000025684 ARTICLE V Initial Registered Office and Acent

The street address of the initial registered office of this Limited Liability Company is:

1741 N.W. 107th Avenue Pembroke Pines, FL 33026

and the name of its registered agent at such address is:

Samantha J. Gifaldi

ARTICLE VI

This Limited Liability Company shall have One Manager(s) or Managing Member(s). The name and address of Manager(s) or Managing Member(s) are:

Name and Address

Samantha J. Gifaldi, Managing Member 1741 N.W. 107th Avenue Pembroke Pines, FL 33026

Dated: Monday, January 31, 2005

Samantha I. Gifaldi

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Audit #H05000025684 ACCEPTANCE BY REGISTERED AGENT

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.

Date: January 31, 2005

Samantha J. Gifaldi

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SECRETARY OF STATE
TALLAHASSEE