65000061944

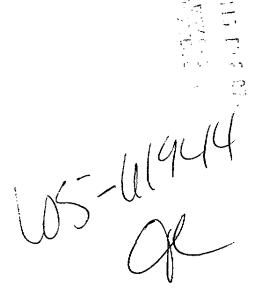
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	<u>-</u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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TRANSMITTAL LETTER

	ration Section on of Corporations		
SUBJECT:	KeepSake Certif	ied gemstones	LLC
The enclosed A	rticles of Organization and fee(s) are s	ubmitted for filing.	
Please return al	I correspondence concerning this matter	er to the following:	
	MICHAEL A	2121	
_	O	Name of Person)	· · · · · · · · · · · · · · · · · · ·
	(Firm/Company)	
	· ·	• • • •	
MA2 C10C	GRACE MILLS CIP	cle Swize /	CII
LUIZ SIN	GRASS MILLS CIR	(Address)	<u> </u>
	•		
Sur	URISE, FL 33	3323	
	(City/	State and Zip Code)	***************************************
For further info	rmation concerning this matter, please	call:	
,			
MICHAI	2L Azízi (Name of Person)	at 954 846-	8775
	(Name of Person)	(Area Code & Daytime Te	lephone Number)
Enclosed is a	check for the following amount:		
□ \$125.00 Fili	ng Fec	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
			No. 2 and a

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

	The name of the Limited Liability Company is:	
	Keep Sake certified go	emstones, LLC
	ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is
	Principal Office Address:	Mailing Address:
2612 Sun	SAWGRASS MILLS CIRCLE, Suite RISE, FL 33323	1511 SAME
	ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:

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

MICHAEL AZIZI

Name

2612 SAWGRASS MILLS CIRCLE, Suite 1511

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

SUNRISE, FL 33323

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, F.S.

Registered Agent's Signatur

(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:

Title: "MGR" = Manager "MGRM" = Managing Me	Name and Address:
MGR	Luis F. YANGUAS 2612 SAWGRASS MILLS CIRCLE, #1511 SUNRISE, FL 33323
MGRM	THE A GROUP HOLDINGS, INC. 11401 NIW 12TH STREET, SUITE #454 MIAMI, FL 33323
(Use attachment if necessa	5)
NOTE: An additional ar	ticle must be added if an effective date is requested.
REQUIRED SIGNATUR	E :
Signature (In accord of this doc	of a member or an authorized representative of a member. ance with section 608.408(3), Florida Statutes, the execution ument constitutes an affirmation under the penalties of perjury facts stated herein are true.)

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)