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TRANSMITTAL LETTER

TO: Registration Sec Division of Cor			
SUBJECT: Romerian		I Liability Company)	<u></u>
	Organization and fee(s) are su	_	
Please return all correspondence	ondence concerning this matte	r to the following:	
Mavis Ja	ckson- Romer	Vame of Person)	
	(I-	value of Ferson,	
Romerian Kreations,			
	(I	Firm/Company)	
415 NW 58	Street		FASS OF THE
		(Address)	100
Miam	i, Florida 33127		OS JUL 18 PM 3: 0
	(City/	State and Zip Code)	OR CH
For further information of	concerning this matter, please	call:	7
Mavis Jackson- Rome	of Person)	at (305) 522-2348 (Area Code & Daytime Te	Nephone Number)
((, dod codo a saj milo re	copione realisery
Enclosed is a check fo	r the following amount:		
□ \$125.00 Filing Fee	Ø \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STRE	ET ADDRESS:	MAILING A	DDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street Tallahassee, Florida 32399

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:	
Romerian Kreations, 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:
Timespar Office Address.	maning Address:
415 NW 58 Street	415 NW 58 Street
Miami, Florida 33127	Miami, Florida 33127
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
The many state of the data of the con-	2. 9
The name and the Florida street address of the re	egistered agent are:
Mavis Jackson-Romer	AR F -
Name	ASS.
	Or Control of the Con
415 NW 58 Street	刑事 圣
Florida street add	ress (P.O. Box NOT acceptable)
Miami Florida 33127	FL FL
City, State, a	nd 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 Signature

(CONTINUED)

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

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

"MGR" = Manager "MGRM" = Managing Member MGR Mavis Jackson- Romer 415 NW 58 Street Miami Florida 33127 MGRM Alvin C. Romer 415 NW 58 Street Miami, Florida 33127 (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE: Signature of a member or in authorized representative of a member of this document constitutes an affirmation under the penalties of perjury SGEV An advis J. Romer Typed or printed name of signee Filling Fees:	<u>Title:</u>	Name and Address:		
MGR Mayis Jackson-Romer 415 NW 58 Street Miami Florida 33127 MGRM Alvin C. Romer 415 NW 58 Street Miami, Florida 33127 (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 of this document constitutes an affirmation under the penalties of perjury for that the facts stated herein are true.) Mayis J. Romer Typed or printed name of signee				
MGRM Alvin C. Romer 415 NW 58 Street Miami, Florida 33127 (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 for that the facts stated herein are true.) Mavis J. Romer Typed or printed name of signee	"MGRM" = Managing Member			
MGRM Alvin C. Romer 415 NW 58 Street Miami, Florida 33127 (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. The control of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Mavis J. Romer Typed or printed name of signee	MGR	Mavis Jackson- Romer		
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Typed or printed name of signee	Mavis J. Rome	er (in C	Ţ	
		Typed or printed name of signee	بي	- Transaction
≯	Filing Fees:	ATE NDA	40	**************************************

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)