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## **COVER LETTER**

	gistration Se vision of Cor					
SUBJECT:	The	Pearl Dragon Col (Name of Limite	d Liability Company)			
The enclosed Articles of Organization and fee(s) are submitted for filing.						
Please return	n all corresp	ondence concerning this matte	r to the following:			
	eresc.	P. Folcy	Name of Person)			
The	e Rearl	bragon Collect	ion, LC Firm/Company)			
29	305 SI	v legth Court	(Address)			
Miami, FL 33155 (City/State and Zip Code)						
For further information concerning this matter, please call:						
Theres	(Name	of Person)	at (305 ) 2107 - (Area Code & Daytime Te	O310 elephone Number)		
Enclosed is	a check fo	r the following amount:				
\$125,001	Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
The Pearl Dragon Collection (Must end with the words "Limited Liability Company, "Limit	ed Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the property o	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2865 SW 69th Court Miami, FL 33155	28105 SW 109th Court Miami, 92 33155
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.)	tered Agent. You must designate an individual or another
The name and the Florida street address of the i	registered agent are:
Danicla Folcy Name	
Tiole 1 SW BOARS of Florida street add Mi ami City, State, a	iress (P.O. Box NOT acceptable)
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	and Lip  accept service of process for the above stated limited  this certificate, I hereby accept the appointment as  y. I further agree to comply with the provisions of all  erformance of my duties, and I am familiar with and  stered agent as provided for in Chapter 608, F.S
-DMf	
Registered Agent's Signat	nure (REQUIRED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	Therese P. Foley 2129 Brickell Ave. #2401 Miami, FL 33129	
MARM	Paula Perrine 2127 Brickell Ave. # 2401 Migmi, FL 33129	
		;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the c (If an effective date is listed, the date must be to or 90 days after the date of filing.)	late of filing: (OPTIONA specific and cannot be more than five business day	L) s prior
REQUIRED SIGNATURE:		
Therese	P Foly	
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.)

Therese P. Foley
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)

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