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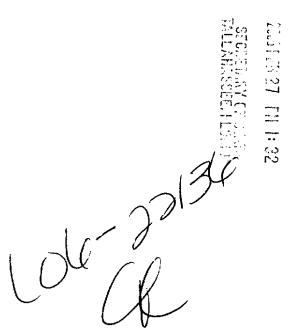
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

Division of Corp	orations		
SUBJECT: Ki	(Name of Limited	15 Jewela Liability Company)	ex, LLC
The enclosed Articles of C	Drganization and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Connie S	FOUR-EMAN	
	(F	irm/Company)	
185 N	Narsh Isl	(Address)	**************************************
_St.	Augustine	(Address) FL 33 State and Zip Code)	20% FET 27 PH 1: 3
	oncerning this matter, please or		PH I
David Ci	FOUREMAN :	at (90) 808 - (Area Code & Daytime Tele	ephone Number)
Enclosed is a check for	r the following amount:		
□ \$125.00 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 Pagistration Section	Street/Courier Address	:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

' ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
(Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3676 N. Ponce De Leon St. Augustine, FL 32084	185 Marsh Island Circle St. Augustine , FL 32095
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	
The name and the Florida street address of the reg	gistered agent are:
Connie S,	Foureman SER 27
	ess (P.O. Box NOT acceptable)
St Augustine City, State, and	FL 32095 d 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 (REQUIRED)

(CONTINUED)

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Memi	
	obei
MGR	185 March Tstand Circle
	St. Augustine, FL 32095
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CLE V: Effective date, if other effective date is listed, the do or 90 days after the date of REQUIRED SIGNATURE Signature of	r than the date of filing: ate must be specific and cannot be more than five business filing.) : f a member or an authorized representative of a member.
CLE V: Effective date, if other effective date is listed, the do or 90 days after the date of REQUIRED SIGNATURE Signature of (In accordant of this document)	r than the date of filing: (OPTIONAL ate must be specific and cannot be more than five business filing.) c: f a member or an authorized representative of a member. ace with section 608.408(3), Florida Statutes, the execution ment constitutes an affirmation under the penalties of perjury
CLE V: Effective date, if other effective date is listed, the do or 90 days after the date of REQUIRED SIGNATURE Signature of (In accordant of this document)	r than the date of filing: ate must be specific and cannot be more than five bus filing.) c: f a member or an authorized representative of a member. ace with section 608,408(3), Florida Statutes, the execution

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

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