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DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration S Division of Co				
SUBJECT: The S				
	(Name of Limite	ed Liability Company)		
The enclosed Articles o	of Organization and fee(s) are s	submitted for filing		
Please return all correspondence concerning this matter to the following:				
Andrew H	łauptman			
(Name of Person)				
The Shining Jewel LLC				
,,,,,,,,,,,		(Firm/Company)		
7717 Trapani Lane				
(Address)				
Boynton Beach, FL 33437				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Andrew Haupt	man	at (561) 752-55	78	
	of Person)	(Area Code & Daytime Te	· · · · · · · · · · · · · · · · · · ·	
Enclosed is a check for 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 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address 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 Shining Jewel, LLC			
(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 pri	ncipal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
7717 Trapani Lane	7717 Trapani Lane		
Boynton Beach, FL 33437	Boynton Beach, FL 33437		
The name and the Florida street address of the re	gistered agent are:		
Name Name	· · · · · · · · · · · · · · · · · · ·		
7717 Trapani Lane			
Florida street addr	ess (P.O. Box <u>NOT</u> acceptable)		
Boynton Beach	FL 33437		
City, State, an	d Zip		
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	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S		

Registered Agent's Signature (REQUIRED)

(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: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR Andrew Hauptman 7717 Trapani Lane Boynton Beach, FL 33437 **MGRM** Elaine Gibbons 18211 Hollister Road Orlando, FL 32820 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: . (OPTIONAL)

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

Signature of a member or in authorized representative of a member.

(If an effective date is listed, the date must be specific and cannot be more than five business days prior

(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.)

Andrew Hauptman

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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