

L07000040320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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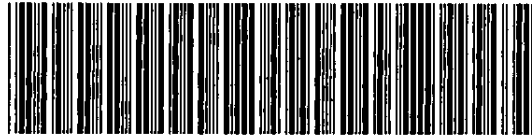
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

enitia corporation

p.o. box 495

dexter, mi 48130

March 16, 2007

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

Re: Pearls of Virtue, LLC

Dear Sir or Madam:

Enitia Corporation has been authorized by Robin Fuller to file the enclosed Articles for Pearls of Virtue, LLC. Enitia Corporation is acting only as the Incorporator.

If you need any additional information, you can reach us at

1-877-281-6495 ext 1096 (toll free)
edstahlin@enitia.com

We have enclosed an additional \$8.75 for one "Certificate of Status". For your convenience, I have enclosed a self-addressed envelope.

Thank you,



Ed Stahlin
Enitia Corporation

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pearls of Virtue, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Edward Stahlin

(Name of Person)

Direct Incorporation

(Firm/Company)

122 W Huron

(Address)

Ann Arbor, MI 48104

(City/State and Zip Code)

For further information concerning this matter, please call:

Edward Stahlin

(Name of Person)

at (877) 281-6496

(Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

- | | | | |
|----------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 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:

Pearls of Virtue, 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 principal office of the Limited Liability Company is:

Principal Office Address:

1624 N W 10th Ave

Fort Lauderdale, FL 33311

Mailing Address:

1624 N W 10th Ave

Fort Lauderdale, FL 33311

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Robin Fuller

Name

1624 N W 10th Ave

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

Fort Lauderdale

FL 33311

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..

Ram Fuller

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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 Member

Name and Address:

MGRM

Robin Fuller

1624 N W 10th Ave

Fort Lauderdale, FL 33311

MGRM

Lisa R. Jackson

3130 N W 43rd Pl

Oakland Park, FL 33309

MGRM

Cassandra Burch

979 N Power Line Rd.

Pompano Beach, FL 33039

MGRM

Venetta McCoullough

17 Canterbury Ln.

Tamarac, FL 33319

(Use attachment if necessary)

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ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Robin Fuller

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.)

Robin Fuller

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)

ATTACHMENT

TITLE:

NAME AND ADDRESS:

MGRM

THOMASINA DAVIS
9121 S W 22ND COURT 3 B
DAVIE, FL 33324

MGRM

SHERYL FEARON
9616 N.W. 7TH CIRCLE
APT # 1634
PLANTATION, FL 33324

MGRM

YVONNE WILCHER
681 N.W. 20TH CT
POMPANO BEACH, FL 33060

MGRM

KATHRYN KING
2931 N.W. 9TH STREET
POMPANO BACH, FL 33069

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