

W08000041986

(Requestor's Name)

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(City/State/Zip/Phone #)

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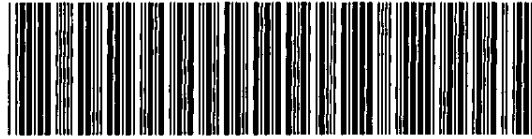
Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W08000018889

Office Use Only

EFFECTIVE DATE \_\_\_\_\_



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08 APR 25 PM 4:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

APR 28 2008

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DISCMATE JEWELRY, L.L.C.  
(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:

KATHALEAN M. BIAGI

(Name of Person)

DISCMATE JEWELRY, L.L.C.

(Firm/Company)

1834 SHADYHILL TERRACE

(Address)

WINTER PARK, FLORIDA 32792

(City/State and Zip Code)

For further information concerning this matter, please call:

ANDREW MCINTOSH

(Name of Person)

at ( 407 ) 718-9786

(Area Code & Daytime Telephone Number)

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 Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 14, 2008

KATHALEAN M. BIAGI  
1834 SHADYHILL TERRACE  
WINTER PARK, FL 32792

SUBJECT: DISCAMATE JEWELRY, L.L.C.  
Ref. Number: W08000018889

We have received your document for DISCAMATE JEWELRY, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on April 11, 2008. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 808A00021977

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

DISCMATE JEWELRY, L.L.C.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

1834 SHADYHILL TERRACE  
WINTER PARK, FLORIDA 32792

**Mailing Address:**

1834 SHADYHILL TERRACE  
WINTER PARK, FLORIDA 32792

**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:

KATHALEAN M. BIAGI

Name

1834 SHADYHILL TERRACE

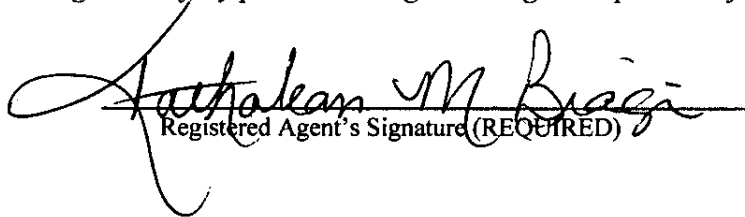
Florida street address (P.O. Box **NOT** acceptable)

WINTER PARK, FLORIDA 32792

City, State, and Zip

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TALLAHASSEE, FLORIDA

*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)

EFFECTIVE DATE \_\_\_\_\_

(CONTINUED)

**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:**

MANAGING MEMBER

ANDREW MCINTOSH

250 MIRA WAY #205

ALTAMONTE SPRINGS, FLORIDA 32701

MANAGING MEMBER

KATHALEAN M. BIAGI

1834 SHADYHILL TERRACE

WINTER PARK, FLORIDA 32792

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: May 15, 2008 KMB ~~APRIL 9, 2008~~ (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:**

Kathalean M. Biagi  
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.)

KATHALEAN M. BIAGI  
Typed or printed name of signee

**FILED**  
08 APR 25 PM 4:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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)