

L08000084991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

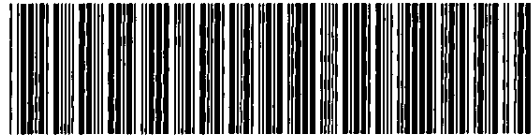
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500135512345

09/08/08--01038--011 **125.00

B. KOHR

SEP 8 08

EXAMINER

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2008 SEP - 8 PM 12:42
08 SEP - 8 PM 3:15
FILED
NOT RETURNED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Charter Number Only

VALIDATION ONLY

FILED
08 SEP -8 PM 3:15
TALLAHASSEE, FLORIDA

9/4/08

Rolando E. Leiva CPA

Requestor's Name

7400 SW 50 TERR #302

Address

Miami, FL 33155

City

State

ZIP

Phone

(305) 663-1511

CORPORATION(S) NAME

STEFANO JEWELS, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Annual Report | <input checked="" type="checkbox"/> Other LLC |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> Mail Out |
| <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up | |

Name

Availability

Document

Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Date: August 26, 2008

ARTICLE I – NAME:

The name of the Limited Liability Company is:

STEFANO JEWELS, LLC

ARTICLE II – ADDRESS:

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

2475 BRICKELL AVENUE, SUITE 2401, MIAMI, FL 33129

ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

STEFANO COCHEO FILETTI

Name

2475 BRICKELL AVENUE, SUITE 2401

Florida Street Address

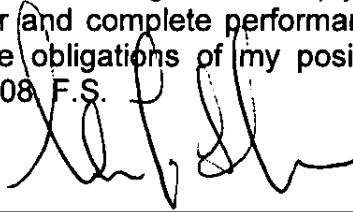
MIAMI, FLORIDA 33129

City, State, and Zip

-continued-

FILED
08 SEP -8 PM 3:15
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

ARTICLE IV – MANAGEMENT

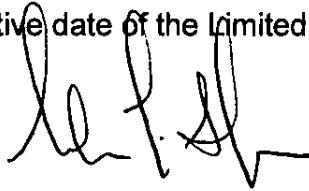
The Limited Liability Company is to be considered a single manager LLC and is therefore a SINGLE MANAGER LLC company.
The initial SINGLE MANAGER is STEFANO COCHEO FILETTI

ARTICLE V BUSINESS DEDUCTIONS

Per IRS regulations the corporation may pay and deduct the health insurance and medical expenses of its directors and employees. Additionally, business auto expenses may be reimbursed to directors and employees and thus deducted from current operations.

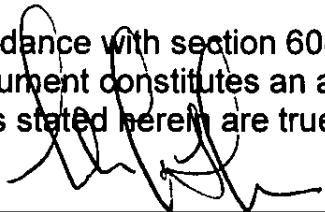
ARTICLE VI – EFFECTIVE DATE

The effective date of the Limited Liability Company shall be: SEPTEMBER 8, 2008.



Signature of 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



STEFANO COCHEO FILETTI
Member/Manager of LLC

August 26, 2008