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To:

Division of Corporations
Fax Number : (850) 617-6383

Effective Date 08/03/09

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : J20000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

FLORIDA/FOREIGN LIMITED LIABILITY CO.

SID & FONTAN JEWELRY, LLC

Certificate of Status	0
Certified Copy	1
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T. HAMPTON

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Aug 5 2009

EXAMINER

8/5/2009 1:40 PM

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ARTICLES OF ORGANIZATION FOR SID & FONTAN JEWELRY, LLC,
a FLORIDA LIMITED LIABILITY COMPANY

Effective Date 08/03/09

ARTICLE I - Name:

The name of the Limited Liability Company is:

SID & FONTAN JEWELRY, LLC

ARTICLE II - Address:

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

Principal Office Address:11401 Pines Blvd.
Pembroke Pines, FL 33026Mailing Address:11401 Pines Blvd.
Pembroke Pines, FL 33026

ARTICLE III :

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS

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

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

ARDLEN N. FONTAN
11401 Pines Blvd.
Pembroke Pines, FL 33026

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..


X _____
Registered Agent's Signature

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(CONTINUED)

ARTICLE V - 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

ISIDRO G. DIAZ
11401 Pines Blvd.
Pembroke Pines, FL 33026

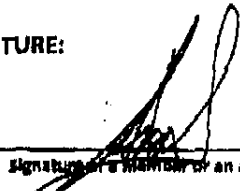
MGRM

ARDLEN N. FONTAN
11401 Pines Blvd.
Pembroke Pines, FL 33026

ARTICLE VI: Effective date, if other than the date of filing: 8/3/09 (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:



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.)

ARDLEN N. FONTAN

Typed or printed name of signer

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