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SECRETARY OF STATE
ALL AHASSEE, FLORIDA

COVER LETTER

то:	Registration Section Division of Corporations						
SUBJE	ect: Jo	se Go	nzale	s, LLC			
	Name of Lir	nited Liab	ility Con	npany			
The en	closed Articles of Organization and fee(s) a	re submitt	ed for fil	ing.			
Please	return all correspondence concerning this m	atter to the	e followi	ng:			
		Jose G	onzale	s			
		Name	n r crson				
	Jo	se Gon		LLC			
Firm/Company							
11411 SE Federal Hwy, Lot #92							
		Ado	dress				
	Hob	e Soun	d, FL 3	33455			
•		City/State a	nd Zip Co	ode			
-	E-mail address: (to be use	d for future	annual re	eport notification	n)		
For fur	ther information concerning this matter, ple	ase call:					
	Jose Gonzales	at (772)	263-0701		
	Name of Person		Area Co	ode & Daytime	Telephone Number		
Enclos	ed is a check for the following amount:						
] \$125.	00 Filing Fee \$\bigcup\$\bigcup\$130.00 Filing Fee &\bigcup Certificate of Status	☐ Ce	rtified C	ling Fee & Copy opy is enclosed	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	s	Registr Division Clifton 2661 E	Courier Addration Section on of Corporat Building Executive Century Factor FL 3230	ions er Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	y is:						
	zales, LLC						
(Must end with the words "Limited I	Liability Company," "L.L.C.," or "LLC.")						
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited Liabi	lity Company is:					
Principal Office Address:	Mailing Address:						
11411 SE Federal Hwy, Lot #92 Hobe Sound, FL 33455	11411 SE Federal Hwy, Lot #92 Hobe Sound, FL 33455						
N 11411 SE Fe Florida street address (Hobe Sound, FL 334	Registered Agent. You must designate an individual the registered agent are: Gonzales Jame eral Hwy, Lot #92 (P.O. Box NOT acceptable) 455 FL ate, and Zip d to accept service of process for the abord in this certificate, I hereby accept the abordity. I further agree to comply with the te performance of my duties, and I am for	ON DEC 14 PH 2:17 Ove stated limited appointment as e provisions of all amiliar with and					
Tosa 60nZA Registered Agent's S	lignature (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:

	ger naging Member	Name and Address:	
MGR		Jose Gonzales	
		11411 SE Feral Hwy, Lot #92	<u></u>
		Hobe Sound, FL 33455	_
			_
			- -
			_
	_		- -
(Use attachment	if necessary)		_
ICUD V. Dec.	date, if other than the date	e of filing: Filing Date . (OPTIC	ONAL)
CLE V: Enective		ecific and cannot be more than five business	days prior
effective date is lis			
effective date is lis 90 days after the da	ate of filing.)		, ,
effective date is lis	ate of filing.)	ĮĄ	
effective date is lis 90 days after the da	ate of filing.) GNATURE:	ĮĄLL.	ુક્ 9 9
effective date is lis 90 days after the da	ate of filing.) GNATURE: Jal Gonzales	an authorized representative of a member.	09 DE
effective date is lis 90 days after the da	GNATURE: Jal Gonzales Signature of a member or (In accordance with section	an authorized representative of a member. 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury	SECRETARY OF
effective date is lis 90 days after the da	GNATURE: Jal Gonzales Signature of a member or (In accordance with section of this document constitute that the facts stated herein a	an authorized representative of a member. 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury	09 DE

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)