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EXAMINER

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

01-25-10

NAME:

ABC JEWELRY CENTER LLC

TYPE OF FILING: ARTICLES OF ORGANIZATION

COST: \$125

RETURN:

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

Albedge

	I FOR FLORIDA LIMITED LIABILITY COMPANY デ
ARTICLE I - Name:	3
The name of the Limited Liability Co.	mpany is:
ABC Je	welry Center LLC
(Must end with the words "L	imited Lightlity Company," "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	s of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1829 W. SR 434	1829 W, SR 434
Longwood, FL 32750	Longwood, EL 32750
LUIGHTAN, T. CE/SC	
ARTICLE III - Registered Agent, R	legistered Office, & Registered Agent's Signature:
ARTICLE III - Registered Agent, R	Registered Office, & Registered Agent's Signature: Is own Registered Agent. You must designate an individual or satcher
ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as it	Registered Office, & Registered Agent's Signature: is own Registered Agent. You must designate an individual or stother i.)
ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as it business entity with an active Florida registration The name and the Florida street addre	Registered Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individual or snother) ss of the registered agent are:
ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as it business entity with an active Florida registration The name and the Florida street addre	Registered Office, & Registered Agent's Signature: is own Registered Agent. You must designate an individual or stother i.)
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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.

/B/ Richard E Phillips
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>fitie;</u> 'MGR" ≈ Manager	Name and Address:
'MGRM" ~ Managing Me	ember
MGRM	Richard E Phillips
	2031 Kelly Creek Circle
	Oviedo, FL 32765
MGRM	Abdallah Chokr
	23 Alafaya Blvd PMB #344
	Oviado, FL 32765
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E V: Effective date, if our certive date is listed, the diays after the date of filling the course of this do of this do	ner than the date of filing: ate must be specific and cannot be more than five business of g.) A.E.: Of member or an authorized presentative of a member. ance with section 608.408(3), Florida Statutes, the execution current constitutes an affirmation under the panalties of perjury cets stated herein are true.)