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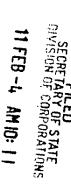
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B. KOHR

FEB - 7 2011

EXAMINER



COVER LETTER

Registration Section

TO:

Division of Corporations
SUBJECT: Pearls of Crace Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
Rachael Nichole Hismith
Pearls of Grace Firm/Company
2902 Johnson Street
Kissimmee, FL 34744 City/State and Zip Code
nichole. his mith @ gmail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Oanet HiSmith Name of Person at (321) 946-0748 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\sum \text{\$130.00 Filing Fee & Certificate of Status}\$ Certificate of Status \$\sum \text{Certified Copy (additional copy is enclosed)}\$ 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

ARTICLES OF ORGANIZATION FOR F	LORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is	
Pearls of G	Cace LLC. Sility Company. "L.L.C." or "Ll.C.")
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2902 Johnson Street Kissimmee, FL 34744	2902 Johnson Street Kissimmee, FL 34744
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regions entity with an active Plorida registration.)	
The name and the Florida street address of the	registered agent are:
Rachael Ni	chole Hismith
2902 Johnson Florida street ad	ddress (P.O. Box <u>NOT</u> acceptable)
Kissimmee City, S	tate, and Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	o accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and existered agent as provided for in Chapter 608, F.S
Registered Agent's Sign	#
Registered Agent's Sign	aure (KEQUIKED)

Page 1 of 2

(CONTINUED)

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR_	Rachael Nichole Hismith 2902 Johnson Street Rosimmee, FL 34744
(Use attachment if necessary)	
TICLE V: Effective date, if other than effective date is listed, the date megodays after the date of filing.)	ust be specific and cannot be more than five business days p

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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)