

L11000036295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

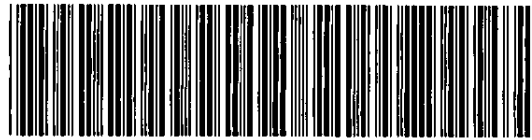
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W11000008983

Office Use Only



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03/11/11--01026--013 **125.00

FILED
11 MAR 24 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAR 25 2011

EXAMINER

EFFECTIVE DATE 03/22/11



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 11, 2011

ROGER LEO HANDYMAN SERVICES
27800 BREAKERS DR
WESLEY CHAPEL, FL 33544

SUBJECT: SPARKLE BRAZIL JEWELRY, LLC
Ref. Number: W11000008983

We have received your document for SPARKLE BRAZIL JEWELRY, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 511A00006032

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 15, 2011

ROGER LEO HANDYMAN SERVICES
27800 BREAKERS DR
WESLEY CHAPEL, FL 33544

SUBJECT: SPARKLE BRAZIL JEWELRY, LLC
Ref. Number: W11000008983

We have received your document for SPARKLE BRAZIL JEWELRY, LLC and check(s) totaling \$125.00. However, your check(s) and document are being returned for the following:

The check submitted must be made payable to the Florida Department of State.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 111A00003855

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAR 24 PM 2:57

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPARKLE BRAZIL Jewelry, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROGERIO LEO
Name of Person

SPARKLE BRAZIL Jewelry
Firm/Company

27800 BREAKER DR
Address

Wesley CHAPEL, FL 33544
City/State and Zip Code

juliana@sparkle.braziljewelry.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Juliana LEO at (813) 505-6066
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
- Paid.

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
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SPARKLE BRAZIL JEWELRY, LLC
(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

27800 BREAKERS DR
WESLEY CHAPEL, FL
33544

Same

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

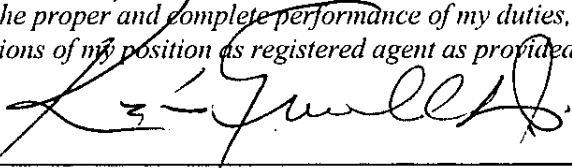
The name and the Florida street address of the registered agent are:

ROGERIO G- LEO
Name

27800 BREAKERS DR
Florida street address (P.O. Box NOT acceptable)
WESLEY CHAPEL FL 33544
City, State, and Zip

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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 (REQUIRED)

(CONTINUED)

EFFECTIVE DATE 03/22/11

ARTICLE IV- 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 ROGERIO LEO

27800 Breakers Dr
NC, FL
33544

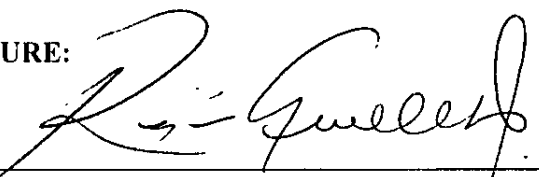
MGRM Juliana LEO

27800 Breakers Dr
NC, FL
33544

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 03/22/2011 (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. 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.)

ROGERIO GUILHERME LEO
Typed or printed name of signee

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)

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TALLAHASSEE, FLORIDA