## L110000082175

(Requestor's Name)
(Address)
(A.L.)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2011 JUL 15 AH 8: 34
SEGRETARY OF STATE

J. SAULSBERRY EXAMINER

JUL 18 2011

## **COVER LETTER**

TO: Registration Sec Division of Corp					
SUBJECT: Pearl	5 and Pump Name of Limit	05 L.L.C.			
The enclosed Articles of O	rganization and fee(s) are	submitted for filing.			
Please return all correspon	dence concerning this mat	ter to the following:			
Jennifer	Ledon				
		Name of Person			
Pearls	and Pumps	Firm/Company	·		
		^			
313 C	ourtlea Park	k. Dr. Address			
		Address			
Winter	Garden, Fl	y/State and Zip Code  100. COM  for future annual report notification)			
	Cit	y/State and Zip Code	7		
<u>lennis</u>	<u>èrledon @ yal</u>	noo. com	SEGRETARY TALLAHASSEI	2011 JUL 15	
J	E-mail address: (to be used t	for future annual report notification)	ARE T		T
For further information con	cerning this matter, please	e call:	ASS	- r	
0.4.	l ala. L	e call:  _at (407)580 ( Area Code & Daytime Telep	ador Car	<b>&gt;</b> [	T
Brillylay Palve	1 CVIOK	at (	3/76 73	<u> </u>	نسد
· Name of r	Crson	Area Code & Daytine Tele	phone runiber 32	ယ	
Enclosed is a check for the	he following amount:	•	A	<b></b>	
	· ·	<u> Пългания</u> в в Д	<del>\</del>		
\$125.00 Filing Fee\$	Certificate of Status	\$155.00 Filing Fee & Certified Copy	Vertificate of State	:e, us &	
		(additional copy is enclosed)	Certified Copy (additional copy is end		
Ī	Mailing Address	Street/Courier Address			
	Registration Section	Registration Section			
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building			
	Γallahassee, FL 32314	2661 Executive Center C	ircle		

Tallahassee, FL 32301

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Pearls and Dumps (Must end with the words "Limited Liability	L.L.C.
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
313 Courtlea Park Dr. Winter Garden, FL 34787.	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
The name and the Florida street address of the re <u>Jennifer Ledor</u> Name	1 JUL T
313 Courtlea F Florida street addi	ress (P.O. Box NOT accentable)
Winter Garden City, Stat	FL 34787 34787 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Having been named as registered agent and to a liability company at the place designated in th registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate. I hereby accept the appointment as I further agree to comply with the provisions of all reformance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

Registered Agent Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
<u>MGRM</u>	Brittnay Pavelchak 182 Walnut Crest Run Sanford, FL
	he date of filing: 7-12-11 . (OPTIONAl be specific and cannot be more than five business day
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:	be specific and cannot be more than five business day  SECRETARY  FALLAHASSEE  Luunder  Ledon  Ledon
LE V: Effective date, if other than to fective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a mem  (In accordance with section 6 constitutes an affirmation un I am aware that any false inficonstitutes a third degree felo	

ARTICLE IV- Manager(s) or Managing Member(s):

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