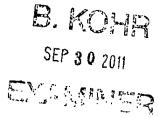
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PICK-UP	☐ WAIT	MAIL
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Certified Copies		
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SECRETARY OF STATE STATE CORPORATIONS

# **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: teresa hohman j	ewelry, LLC
	of Limited Liability Company
	SER .
The enclosed Articles of Organization and for	ewelry, LLC of Limited Liability Company ee(s) are submitted for filing.
Please return all correspondence concerning	en
Teresa A Hohman	
	Name of Person
teresa hohman jewel	ry, LLC
	Firm/Company
4482 SW Long Bay D	r ·
	Address
Palm City, FL 34990	
	City/State and Zip Code
tahohman@aol.com	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter	er, please call:
Teresa Hohman	at ( 772 ) 220-8699
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following am	ount:
\$125.00 Filing Fee \$\sum \\$130.00 Filing F Certificate of St	
Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 3	orations Division of Corporations Clifton Building

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIARII ITY COMPANY

2		
ny is:		
teresa hohman jewelry, LLC		
d Liability Company, "L.L.C.," or "LLC.")		
the principal office of the Limited Liability Company is  Mailing Address:		
same		
(		

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

business entity with an active Florida registration.)

Florida street address of the registered agent and.

RICHARD B HOHMAN

Name

4483 SW Lone BAY IR

Florida street address (P.O. Box NOT acceptable)

PARM CITY FL 34990

City, State, and Zip

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)

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

The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
MBRM	TERESA A HOHMAN 4482 SW LONG BAY DR MUPALM CITY, FL 34990
MALIZADONI	
<del></del>	
	<del></del>
(Use attachment if necessary)	
(Obe attachment if necessary)	
effective date is listed, the date m	an the date of filing: (OPTIONAL ust be specific and cannot be more than five business days
CLE V: Effective date, if other that effective date is listed, the date m 0 days after the date of filing.)  REQUIRED SIGNATURE:	an the date of filing: (OPTIONAL ust be specific and cannot be more than five business days

(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.)

## Teresa A Hohman

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)