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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT: COOL J	EWELS, LLC		
Name of Limited Liability Company			
The enclosed Articles of Org	ganization and fee(s) are	submitted for filing.	
Please return all corresponde	ence concerning this matt	er to the following:	
ABIGAIL CO	OLON		
		Name of Person	
SHAPIRO,	BLASI, WASSI	ERMAN & GORA, P	.A.
7777 CLAD		. •	
7777 GLADES ROAD, SUITE 400 Address			
BOCA RATO	N. FL 33434		
	Cit	y/State and Zip Code	
acolon@sbwla		for future annual report notification)	
For further information cond	erning this matter, please	e call:	
Abigail Colon		at (561) 477-7800	
Name of Po	erson	Area Code & Daytime Telep	shone Number
Enclosed is a check for th	e following amount:		
	130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
R C P	Agiling Address Legistration Section Division of Corporations 2.O. Box 6327 Callahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

COOL JEWELS, 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:

	<u>Principal</u>	Office Address:
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Mailing Address:

5859 WEST ATLANTIC AVE

DELRAY BEACH, FL 33484

5859 WEST ATLANTIC AVE DELRAY BEACH, FL 33484

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:

MICHAEL B. SHAPIRO

Name

7777 Glades Road, Suite 400

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

Boca Raton

_{FL} 33434

City, State, and Zip

FILED

11 NOV -4 AN II: 44

SECRETARY OF STATE
TALL AHASSEE, 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)

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	AMIE KATZ SMITH 5859 W. At Lantic Ave Delray Beach FL 33484
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the d	date of filing: (OPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	FILEI NOV -4 CORETAIN OF LAHASSEE
(In accordance with section 608.4	or an authorized representative of a member.
I am aware that any false informa	the penalties of perjury that the facts stated herein are true. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)

AMIE KATZ SMITH

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)