## L11000132673

| (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:

A. LUNT

NOV 22 2011

**EXAMINER** 

Office Use Only



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## **COVER LETTER**

| TO:      | Registration Section Division of Corporations   |
|----------|---|
| SUBJE    | Name of Limited Liability Company   |
| The end  | closed Articles of Organization and fee(s) are submitted for filing.  |
| Please   | return all correspondence concerning this matter to the following:  |
|          | Scema. Memon.   |
|          | Italian Tewelry Store   |
|          | 5116, 23rd Ave. N.  |
|          | St. Peterburg FL 33710 =  |
| -        | City/State and Zip Code  Yayaan 17861 Wyahoo, wm.  E-mail address: (to be used for future annual report notification)   |
| _        | ther information concerning this matter, please call:   |
|          | Seema. Memon at 615, 481-3131  Name of Person Area Code & Daytime Telephone Number  |
| Enclos   | ed is a check for the following amount:   |
| \$125.00 | Filing Fee \$\int \\$130.00 \text{ Filing Fee & Certificate of Status}\$\$155.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)}\$\$\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}\$\$\$\$\$\$\$ |
|          | Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle                                   |

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name:  |  |  |  |  |
|--|--|--|--|--|
| The name of the Limited Liability Company is:  |  |  |  |  |
| Italian Jowelry Store  |  |  |  |  |
| (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:   |  |  |  |  |
| 5116, 23rd Ave N 5116, 23rd Ave N. St. Petersburg 5t. Petersburg Ft. 93710 FL- 93710   |  |  |  |  |
| 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 inother business entity with an active Florida registration.)   |  |  |  |  |
| The name and the Florida street address of the registered agent are:   |  |  |  |  |
| Seema Memon Seema F  |  |  |  |  |
|  |  |  |  |  |
| St. Petersburg 83710   |  |  |  |  |
| 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..

gent'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:

| <u>Title:</u> "MGR" = Manager   | Name and Address:   |
|---|---|
| "MGRM" = Managing Member  CEO   | Seema. Memon<br>516, 23rd Ave N.<br>St. Refersburg FL-33710   |
|   | ZOLINOV 18 AM STALLANIAS SEE FLOR   |
| (Use attachment if necessary)   | ADA   |
|   | date of filing: (OPTIONAL) e specific and cannot be more than five business days prior  |
|   | r or an authorized representative of a member.  |
| (In accordance with section 608 constitutes an affirmation under I am aware that any false inforn constitutes a third degree felory | 4.408(3), Florida Statutes, the execution of this document rethe penalties of perjury that the facts stated herein are true. nation submitted in a document to the Department of State vas 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)