1200026781

(Requesto	or's Name)	
	==	
(Address)		
(Address)		
(City/State	e/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Business	Entity Name)	
(Documen	nt Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filing	Officer:	

Office Use Only

G. MCLEOD

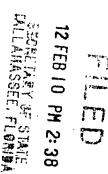
FEB 13 2012

EXAMINER



600220560836

02/10/12--01027--016 **125.00



COVER LETTER

Famin Gift and	
SUBJECT: Name of Limited Liability Comp	Jewerly LLC.
The enclosed Articles of Organization and fee(s) are submitted for filir	ng.
Please return all correspondence concerning this matter to the following	ng:
Lauren O'Hara	
Name of Person	

Firm/Company	0) 400 0 - 044
174 Water Color Way	Suite 103 PMB 241
Santa Rosa Beach,	Fl 32459
City State and Zip Cod OUVEN O Haya E-mail address: (to be used for future annual rep	2010 @ amail. com
For further information concerning this matter, please call:	, •
Name of Person at 901 Area Cod	270.6915 de & Daytime Telephone Number
Enclosed is a check for the following amount:	
125.00 Filing Fee \$\int \\$130.00 Filing Fee & \int \\$155.00 Filing Certificate of Status Certified Co	
Registration Section Registra Division of Corporations Division P.O. Box 6327 Clifton	Courier Address ation Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Faquin Gifts and (Multi end with the words "Limited Liabili	Jewelry LLC
ARTICLE II - Address:	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
174 Watercolor Way Swite 163 PMB 241 Santa Rosa Beach, Fl 32469	194 Watercolor Way Suite 103, 19MB 241 Santa Rosa Beach Fl 32469
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	
Santa Rosa Beach	
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limited nis certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing	Name and Address: Member	
hauben.		
MGR"	Lauren Faguin D'H 5664 Hwy 30 A We	ara
"MGRM"	Janta Rosa Beach, Timothy Charles O 5664 Hwy 30 A u Santa Rosa Beach	E132469 'Hara Jest Ch. E132
(Use attachment if nec	essary)	
LE V: Effective date,	f other than the date of filing: le date must be specific and cannot be more than five	_ (OPTIONAL business days
LE V: Effective date, ffective date is listed, to days after the date of REQUIRED SIGNA	f other than the date of filing:	business days
TLE V: Effective date, ffective date is listed, to days after the date of REQUIRED SIGNA (In accordance constitutes and Lam aware to the state of t	f other than the date of filing: ne date must be specific and cannot be more than five filing.) FURE: Authur J OHara	business days er. cocument ein are true.

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