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#### **COVER LETTER**

TO: Registration Section  Division of Corporations	•
SUBJECT: Uenn's Je Name of	Welry Box, LLC Limited Liability Company
m 1 14 01 00 1 d 1 1 00 0	
The enclosed Articles of Organization and fee(s	are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Jenniter	s) are submitted for filing.  s matter to the following:  MCCarthy  Name of Person
Jennis J	EWEITY BOX, LLC
2705 NW	14th Place
Cape Cora	Address  1 FL 33993  City/State and Zip Code  15 ICWC/YUDOX COM
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter,	please call:
Jennifer Mearth	y at (239) 896-5170 Area Code & Daytime Telephone Number
Enclosed is a check for the following amou	nt:
\$125.00 Filing Fee State  \$130.00 Filing Fee Certificate of State	& \$155.00 Filing Fee & \$160.00 Filing Fee, us Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporat P.O. Box 6327 Tallahassee, FL 323	Clifton Building

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
Jenn'S Jewelry Box 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:
Principal Office Address:  Mailing Address:
2705 NW 4th Place 2705 NW 4th Place Cape Coral, FL 33993 Cape Coral, FL 33993
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:
Jennifer McCarthy
Name
2705 NW 4th place
Florida street address (P.O. Box NOT acceptable)
Cape Coral FL 33993
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)

Page 1 of 2

(CONTINUED)

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Me

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Ennister McCarthy
	2705 NW 4th Place
	Cape Coral, FL 33993
MGR	Jauson McCartny
	2705 NW 4th Place
	Cape Coral Ft. 33993
<del></del>	
·	
(Use attachment if necessary)	
(Ose attachment it necessary)	•
	n the date of filing: (OPTIONA
	ust be specific and cannot be more than five business da
days after the date of filing.)	•

#### <u>REQUIRED</u> SIGNATURE:

Signature of a member or an authorized representative of a member.

(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.)

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)