# L12000095386

| (Req                      | uestor's Name)   |               |
|---------------------------|------------------|---------------|
| (Add                      | ress)            |               |
| (Add                      | ress)            |               |
| (City)                    | /State/Zip/Phone | e #)          |
| PICK-UP                   | ☐ WAIT           | MAIL          |
| (Bus                      | iness Entity Nar | ne)           |
| (Doc                      | ument Number)    |               |
| Certified Copies          | Certificates     | s of Status   |
| Special Instructions to F | iling Officer:   |               |
|                           | A. LI            | JNT           |
|                           | JUL 24           | <b>1</b> 2011 |
|                           | <b>EXAM</b>      | INER          |

Office Use Only



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2012 JUL 23 PM TO TATE
SECRETARY OF STATE
SECRETARY

# **COVER LETTER**

|             |                   | tration Section<br>on of Corporations   |   |   |
|-------------|-------------------|---|---|---|
|             | SUBJECT: F        | lynn Jewelry, LLC   |   |   |
|             |                   | Name of   | Limited Liability Company                                   |   |
|             | The enclosed A    | articles of Organization and fee(s  | ) are submitted for filing.                                 |   |
|             | Please return all | I correspondence concerning this  | s matter to the following:                                  |   |
|             | Keith             | n D. Flynn  |   |   |
|             | <del></del>       |   | Name of Person  |   |
|             | Flyni             | n Jewelry, LLC.   |   | ati se i  |
|             |                   |   | Firm/Company  |   |
|             | 5810              | N. Monroe St. Sui   | te 210-108  | *   |
|             |                   |   | Address   | SEC NO.   |
|             | Tallah            | nassee, FL 32303  |   |   |
|             | <b>5</b>          |   | City/State and Zip Code                                     | E 23 PH ST  |
|             | Tlynnje           | ewelry@gmail.com<br>E-mail address: (to be  | used for future annual report notification)                 | <u></u>   |
|             | For further infor | rmation concerning this matter, p   | blease call:  |   |
|             | Keith D. Fly      | ynn   | at (850 ) 264-2553  |   |
|             |                   | Name of Person  | Area Code & Daytime Telephone                               | Number  |
|             | Enclosed is a c   | check for the following amou  | nt:   |   |
| <b>∑</b> \$ | 3125.00 Filing I  | Fee \$130.00 Filing Fee Certificate of State  | Certified Copy Certified Copy (additional copy is enclosed) | 0.00 Filing Fee, tificate of Status & tified Copy itional copy is enclosed) |
|             |                   | Mailing Address Registration Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231 | Clifton Building  |   |

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is:  |                                      | 2812 JUL 23<br>SEUNCING<br>SALLAHASS    |
|--|--------------------------------------|---|
| Flynn Jewelry, LLC.  |                                      | SER S                                   |
| (Must end with the words "Limited Liability  | y Company, "L.L.C.," or "LLC.")      | 7 32 J                                  |
| ARTICLE II - Address:  |                                      | ORI I                                   |
| The mailing address and street address of the prin   | ncipal office of the Limited Liabi   | Grany i                                 |
| Principal Office Address:  | Mailing Address:                     |   |
| 1445 Fisher Lane   | 5810 N. Monroe St.                   |   |
| Tallahassee, FL 32301  | Suite 210-108                        | <del></del>                             |
|  | Tallahassee, FL 32303                | *** · · · · · · · · · · · · · · · · · · |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) |                                      |   |
| The name and the Florida street address of the re-   | gistered agent are:                  |   |
| Keith D. Flynn   |                                      |   |
| Name   |                                      |   |
| 1445 Fisher Lane   |                                      |   |
| Florida street addre   | ess (P.O. Box <u>NOT</u> acceptable) |   |
| Tallahassee  | <sub>FL</sub> 32301                  |   |
| City, State  | e, 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)

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:

| MGR                           | Keith D. Flynn              | ASSEE    |
|-------------------------------|-----------------------------|----------|
|                               | 1445 Fisher Lane            | <u> </u> |
|                               | Tallahassee, FL 32301       | 0 7      |
|                               |                             |          |
|                               | <del></del>                 |          |
|                               | -                           |          |
|                               |                             |          |
|                               |                             |          |
|                               |                             |          |
|                               |                             |          |
|                               |                             |          |
|                               | <del> </del>                |          |
|                               |                             |          |
|                               |                             | <u> </u> |
| (Use attachment if necessary) |                             |          |
|                               | e date of filing: 7/25/2012 |          |

### **REQUIRED 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.)

Keith D. Flynn

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)