

L12000122332Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000234095 3)))



H120002340953ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

SEP. 25 2012
L. SELLERS

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
LAS OLAS JEWELERS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED
FILED
12 SEP 24 PM 4:26
12 SEP 24 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H12000023L10F

**ARTICLES OF ORGANIZATION FOR LAS OLAS JEWELERS, LLC,
A FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I
Name**

The name of the Limited Liability Company is:

LAS OLAS JEWELERS, LLC

**ARTICLE II
Address**

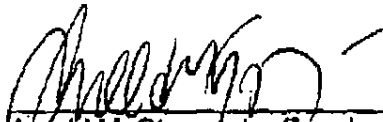
The mailing address and street address of the principal office of the Limited Liability Company is: 401 East Las Olas Boulevard, Fort Lauderdale, Florida 33301.

**ARTICLE III
Registered Agent, Registered Office, & Registered Agent's Signature**

The name and the Florida street address of the registered agent are:

Arnold M. Straus, Jr., Esquire
Straus & Eisler, P.A.
10081 Pines Boulevard, Suite C
Pembroke Pines, Florida 33024

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.



Arnold M. Straus, Jr., Esquire
Registered Agent's Signature

FILED
12 SEP 24 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

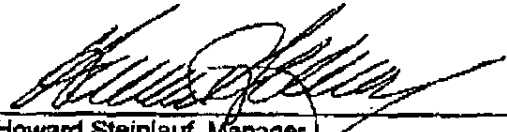
H1200023409

**ARTICLE IV
MANAGERS**

The name and address of each Manager is as follows:

Manager

Howard Steinlauf
401 East Las Olas Boulevard
Fort Lauderdale, Florida 33301


Howard Steinlauf, Manager

*(In accordance with Section 608.408(e), Florida Statutes,
the execution of this document constitutes an affirmation
under the penalties of perjury that the facts stated herein are true.)*