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Florida Department of State  
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To:

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

From:

Account Name : CLARA GIRALDO, P.A.  
Account Number : I19990000017  
Phone : (305) 485-9300  
Fax Number : (305) 485-1098

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

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**FLORIDA LIMITED LIABILITY CO.  
TOP JEWELRY, LLC.**

Certificate of Status	1
Certified Copy	0
Page Count	04
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*H13 0000209523*

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY  
OF

**TOP JEWELRY, LLC.**

ARTICLE I - NAME

The name of the Limited Liability Company is:

**TOP JEWELRY, LLC.**

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited  
Liability Company is:

**6700 NW 186 ST APT # 506 A  
HIALEAH, FL. 33015**

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED  
AGENT'S SIGNATURE:

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

**MICAEL PINEDA**

**6700 NW 186 ST APT # 506 A**

Florida street address ( P.O.BOX NOT acceptable)

**HIALEAH, FL. 33015**

City, State, and Zip

CLARA GIRALDO P.A.  
4080 SW 84 AVE SUITE C  
MIAMI, FL 33155  
(305) 485-9300

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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

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

MICAEL PINEDA  
6700 NW 186 ST APT # 506 A  
HIALEAH, FL. 33015

MANAGER

LILIAN G. PAREDES  
6700 NW 186 ST APT # 506 A  
HIALEAH, FL. 33015

MANAGER

(An additional article must be added if an effective date is requested)

  
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.)

MICAEL PINEDA

Typed or printed name of signee

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