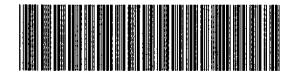
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(Re	equestor's Name)			
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COVER LETTER

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	Registration Secti Division of Corpo	i.e.			to the second
SUBJEC	T:	K. JEW	ELRY		
		Name of Limite	ed Liability Company		•
The enclo	osed Articles of Or	ganization and fee(s) are s	submitted for filing.		
Please ret	urn all correspond	ence concerning this matte	er to the following:		
Í	Harel	Kirshen	berg		,
	F		Name of Person		
			Firm/Company	-	
<u>/</u>	0071 N	W 10th str	reet		··-···································
2	planta	tion F	lo-j'da	3	3322
	HKirs	henberg	y/State and Zip Code LO UO/ COM or future annual report notificat	7.	
For further		erning this matter, please		iony	
HATE	P/ /Lirshe Name of P	n bergerson	at (954) 600 Area Code & Daytim	ට <u>ඉ</u> e Telep	33 > Shone Number
Enclosed	is a check for the	ne following amount:			
\$ 125.00		\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclose		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>!</u>	Mailing Address	Street/Courier Ad	<u>dress</u>	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is	s:			
H, K, JEWELR (Must end with the words "Limited Lia	bility 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:			
10071 NW 10 Street Plantation FL 33392	10071 NW 100 Street Plantation FL 33399			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regional business entity with an active Florida registration.)				
The name and the Florida street address of the	e registered agent are:			
Harel Kirsh Nam 10071 NW10 th Florida street a Plantation	State and Zin			
liability company at the place designated in registered agent and agree to act in this capa all statutes relating to the proper and compl	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of lete performance of my duties, and I am familiar with registered agent as provided for in Chapter 608, F.S			
Registered Agent's Sign	nature (REQUIRED)			

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Men	Name and Address:
MG-A	Harel Litshenberg 10071 NV 10 street Plantation Florida 33399
, , , , , , , , , , , , , , , , , , , 	
(Use attachment if necessar	y) ·
	er than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days of filing.)
REQUIRED SIGNATURE	E:
Signature	of a member or an authorized representative of a member.
constitutes an affirm	section 608.408(3), Florida Statutes, the execution of this document nation under the penalties of perjury that the facts stated herein are true. false information submitted in a document to the Department of State legree 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)