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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: ROMERO JEWELERS, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHARLES ROMERO JR.

Name of Person

ROMERO JEWELERS, LLC

Firm/Company

1341 NW 123 TERRACE

Address

PEMBROKE PINES FL 33026

City/State and Zip Code

CUNIT1217@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHARLES ROMERO JR.

,954

605-9111

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■\$125.00 Filing Fee

□\$130.00 Filing Fee & Certificate of Status

□\$155.00 Filing Fee & Certified Copy

(additional copy is enclosed)

\$160.00 Filing Fee, Certificate of Status & Certified Copy

(additional copy is enclosed)

▼Mailing Address

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

Street/Courier Address

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:
ROMERO JEWELERS, LLC	
(Must end with the words "Limited Li	iability Company, "L.Ł.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1341 NW 123 TERRACE	
PEMBROKE PINES FL 33026	
 	
	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another ne registered agent are:
	nme
1341 NW 123 TERRACE	
	address (P.O. Box NOT acceptable)
PEMBROKE PINES	_{FL} 33026
City	State, and Zip
liability company at the place designated registered agent and agree to act in this cap all statutes relating to the proper and comp	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of plete performance of my duties, and I am familiar with a registered agent as provided for in Chapter 608, F.S
Registered Agent's Sig	gnature (KEQUIRED)

Page 1 of 2

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

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

	Title:		Name and Address:			
•	"MGR" = Manager "MGRM" = Manag	ing Member				
	MGRM		CHARLES ROMERO JR.			
			1341 NW 123 TERRACE			
			PEMBROKE PINES FL 33026			
		•				
	(Use attachment if a	necessary)				
ARTI	CLE V: Effective da	te, if other than the da	te of filing:	. (OPTIONAL)		
•	effective date is list to or 90 days after th	•	e specific and cannot be more than	i five business days		
	REQUIRED SIGN	ATURE:	1			
	S	ignature of a member or	an authorized representative of a memb	er.		
	(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 awar	e that any false informatic	on submitted in a document to the Departme provided for in s.817.155, F.S.)	nt of State		

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)

CHARLES ROMERO JR.

Typed or printed name of signee