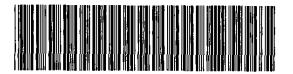
(Requestor's Name)	_
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	_
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COVER LETTER

TO: Registration Section **Division of Corporations**

IEROME'S 99 CENT STORE

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:

NEPTALIE P. JEROME Name of Person JEROME'S 99 CENT STORE, LLC Firm/Company 530 W KALMIA DR. #10 Address LAKE PARK, FLORIDA 33403 City/State and Zip Code ierome.centstore@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: NEPTALIE P. JEROME

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:

JEROME'S 99 CENT STORE, LLC

(Must end with the words "Limited Liability 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 A	Address:	Mailing Address:	
530 W KALMIA DR #1	0	P.O. BOX 530434	
LAKE PARK, FL 33403	3	LAKE PARK, FL 33403	
(The Limited Liability C business entity with an	Registered Agent, Register Company cannot serve as its own Registration.) Florida street address of the NEPTALIE P. JEROME	red Office, & Registered Agent' gistered Agent. You must designate an indiv	's Signature 3 JUL -5 PM 12:
	Nan	ne	2: 28 STATE DRID
	530 W KALMIA DR #10		₩ ,
	Florida street a	address (P.O. Box <u>NOT</u> acceptable)	
	LAKE PAR	K _{FL}	
	City,	State, 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" = Manager	Name and Address:
"MGRM" = Managing Member	
MORIVI — Managnig Member	
MGR	JEAN RONALD JEROME
	530 W KALMIA DR 10
	LAKE PARK, FL 33403
MGR	NEPTALIE P. JEROME
	530 W KALMIA DR 10
	LAKE PARK, FL 33403
MGRM	MYRENNE JEAN-BAPTISTE
	2244 RIDGEWOOD CIRCLE
	ROYAL PALM BEACH, FL 33411
MGRM	FRITZLADE NARCISSE'S
	76 EAST BLUE HERON BLVD
	RIVIERA BEACH, FL 33404
(Use attachment if necessary)	
CLE V: Effective date, if other that effective date is listed, the date	must be specific and cannot be more than five business
CLE V: Effective date, if other that effective date is listed, the date	must be specific and cannot be more than five business of
CLE V: Effective date, if other that effective date is listed, the date to or 90 days after the date of filing REQUIRED SIGNATURE:	must be specific and cannot be more than five business of a member.
CLE V: Effective date, if other that effective date is listed, the date to or 90 days after the date of filing REQUIRED SIGNATURE: Signature of a manual constitutes an affirmation I am aware that any false.	must be specific and cannot be more than five business of ag.)

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)