(Re	equestor's Name)	
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B. BOSTICK

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: JZ COUTURE, LL	
Name of Limited Liab	ility Company
The enclosed Articles of Organization and fee(s) are submitt	ed for filing.
Please return all correspondence concerning this matter to th	e following:
Candance Johns	of Person
JZ COUTURE Firm/0	Company
7200 0	with the second
LOTU QUATAR (dress
Tallahassee F	1 32311
E-mail address: (to be used	and Zip Code Composition For future annual report notification)
For further information concerning this matter, please call:	
Carrance Johnson at (\$50) Name of Person Area Cod	Daytime Telephone Number
Certificate of Status Cert	\$160.00 Filing Fee, cified Copy conal 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

The name of the Limited Liability Company is:	
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 Address: Mailing Address:	
Z390 Quizar CIrcle Tanahassee F132311	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individant another business entity with an active Florida registration.)	ual or
The name and the Florida street address of the registered agent are:	
Cardance Johnson	Marie
Name	
Florida street address (P.O. Box NOT acceptable)	Tu Isi
Ichlahassel FL 3C311 City Zip	co co
Having been named as registered agent and to accept service of process for the above stated limited liability the place designated in this certificate, I hereby accept the appointment as registered agent and agree to capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete of my duties, and I am familiar with and accept the obligations of my position as registered agent as providing to the proper and complete of my duties, and I am familiar with and accept the obligations of my position as registered agent as providing to the proper and complete of my duties, and I am familiar with and accept the obligations of my position as registered agent as providing to the proper and complete of my duties. Registered Agent's Signature (REQUIRED)	act in this performance
(CONTINUED)	•

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBE	Condance Johnson
AMBR	Felicia Johnson 2390 Quazar circle Tailangssee Fl 32311
(Use attachment if necessary) EV: Effective date, if other than the date	e of filing:
LE V: Effective date, if other than the date	1. (a) (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
LE V: Effective date, if other than the date fective date is listed, the date must be spof filing.)	e of filing: (OPTIONAL) 曼希 - d
LE V: Effective date, if other than the date fective date is listed, the date must be sport filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m	e of filing: (OPTIONAL) First depectific and cannot be more than five business days prior to or 90 days Lead to the control of the
E V: Effective date, if other than the date fective date is listed, the date must be spot filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation of a may are that any false in	e of filing: (OPTIONAL) Fine depectific and cannot be more than five business days prior to or 90 days