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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:
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Special Instructions to Filing Officer:
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MAR 1 9 2014

S. YOUNG



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: RUE B	OLTOUN	TS: F
	Limited Liability Company	TAR R.
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	100 PM
Jannifer (OILL	
RUE BI	Name of Person	
5027 WHETST		
	Address	
BILOXI, MS 39'	532	
nn ral address: Jo be v	City/State and Zip Code (1) (1) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	ation)
For further information concerning this matter, p	please call:	
JENNIFERCOLL at Name of Person	Area Code Sul 865 Area Fode Daytime Tel	lephone Number
Enclosed is a check for the following amount:		
\$125.00 Filing Fee & Certificate of Status	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	Street/Courier Adding Registration Section	

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:	
RUE BIJOUX 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 Address: Mailing Address:	
12 SHADY LANE SAME MARY ESTHER, FL 32569	
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 individual or another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
DEBBLE LENGHALD	
Name	
12 SHADY LANE	
Florida street address (P.O. Box NOT acceptable)	
MARY ESTHER FL 32569	
City Zip	
Having been named as registered agent and to accept service of process for the above stated limited liability company 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 performant of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S	s ice
Debbig Lengfield	
Registered Agent's Signature (REQUIRED)	
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(CONTINUED)	1 -
Page 1 of 2	

achment if necessary) achment if necessary) Tective date, if other than the date of filing: 3-12-14 (OPTIONAL) ate is listed, the date must be specific and cannot be more than five business days prior to or 90 ther provisions, if any. TREED SIGNATURE: Signature of a thember or an authorized representative of a member. (In accordance with section 605.030 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Therefore the penalties of organization and Designation of Registered Agent	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
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