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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: Pearling 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:
CHINONG ZHAO Name of Person
Name of Person
Pearling LLC.
€Jrm/Company
7145 Miami Lakes Dr. R20
Address
Miami Lakes, FL, 33014 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for further annual report notification)
For further information concerning this matter, please call:
CHINONG ZHAO at (786) 609-6766 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & ☐ Certificate of Status □\$155.00 Filing Fee & ☐ Certificate of Status & ☐ Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations
P.O. Box 6327 Clifton Building

61

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Pearling 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:	
7145 Miami Lakes Dr. R20 Miami Lakes, Miami, FL, 33014 7145 Miami Lakes Dr. R20 Miami Lakes, Miami, FL, 33014	
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:	
CHINONG ZHAO Name 7145 Miami Lakes Dr. R20 Florida street address (P.O. Box NOT acceptable)	
<u>Miami</u> , FL 33014 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 performance 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	ce
Registered Agent's Signature (REQUIRED)	
(CONTINUED)	
AH 9: 26 EFLORING	7

Title:	orized to manage and control the Limited Liability Compa	, .	
"AMBR" = Authorized Member "MGR" = Manager			
MAR	CHINONG ZHAO 7145 Miami Lakes Dr. R Miami, FL, 33014	20	
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(Use attachment if necessary)			
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