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J. SENIVORS MAY 1 5 2015

# **COVER LETTER**

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TO: Registration Section Division of Corporations
SUBJECT: JEWELTY CREATIONS by Sharon L.L.C. 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:
SHARON RINEHART Name of Person
Name of Person
JEWEIRY CREATIONS by Sharon L.L.C.
421 BEMEN DR. Address
Address
LADY LAKE, FL 32159  City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sharon RINEHART at (231) 299 5360  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$\begin{align*} \text{\$\subset\$130.00 Filing Fee & Certificate of Status} \\ \text{\$\subset\$Certificate of Status} \\ \text{\$\subset\$\$\text{\$\subset\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \\ \$\subset\$

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 Limite	ed Liability Company is:			
JEWE	IRY CREAT? Must end with the words "L	ONS by	Sharon,	L.L.C.
ARTICLE II - Addre The mailing address an	ss: nd street address of the princ	cipal office of the Li	mited Liability Com	pany is:
Principal Office Add	ress:	Mailing A	ddress:	
421 BEME LADY LAK	EN DR E, FL 32159	421 LAD	BEMEN L LAKE, E	)r. -L 32159
(The Limited Liability	stered Agent, Registered O Company cannot serve as it y with an active Florida regi	s own Registered A		
The name and the Flor	ida street address of the reg	istered agent are:		
	Sharon	RINEHAR	<b>.</b> T	
	Sharon 421 BEM	Name	<del></del>	
	421 BEM	EN DR.		
	Florida street address (P.	O. Box NOT accept	able)	
	LADY LAKE	FI.	32159	
	City		Zip	
the place designate capacity. I further a	ed in this certificate, I hereby	accept the appointmisions of all statutes	nent as registered ag relating to the prope	er and complete performance
	-	0.000,1.0		
	Sharon i	Rinehar	<del>/</del>	
		Signature (REQUI		43.
,				
	(CON	(TINUED)		<u>- ඇ</u> <b>න</b>
** ** ** ** ** ** ** ** ** ** ** ** **	Pa	ge 1 of 2		

itle: AMBR" = Authorized Member MGR" = Manager AMBR.	SHARON RINEHART 421 BEMEN DR. LADY LAKE, FL 32159
	SHARON RINEHART
AMBR	SHAKON KINEMARI
AMBR	
	421 BEMEN DR.
	_ CHOY CHEE, PC 3033
<del></del>	
<del></del>	
•	
Use attachment if necessary)	
tive date is listed, the date must be specif	filing: <u>5-17-15</u> (OPTIONAL)
f (iling.)	ic and cannot be more than five business days prior to or 90
	ic and cannot be more than live ausiness days prior to or 90
f (filing.)	ic and cannot be more than live business days prior to or 90
filing.)  VI: Other provisions, if any.  REOUIRED SIGNATURE:	
filling.)  VI: Other provisions, if any.  REQUIRED SIGNATURE:  Sharon	Rinehart
( (Filing.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a memb	Rinehart er or an anthorized representative of a member.
Signature of a member (In accordance with section 605.0	Rinchart  er or an anthorized representative of a member.  203 (1) (b), Florida Statutes, the execution of this document
Signature of a member (In accordance with section 605.0 constitutes an affirmation under the	Per or an anthorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document be penalties of perjury that the facts stated herein are true.
Signature of a member (In accordance with section 605.0 constitutes an affirmation under the lam aware that any false information)	er or an anthorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document be penalties of perjury that the facts stated herein are true tion submitted in a document to the Department of State
Signature of a member of a management of the section of the sectio	Per or an authorized representative of a member.  203 (1) (b), Florida Statutes, the execution of this document to penalties of perjury that the facts stated herein are true; ition submitted in a document to the Department of State; is provided for in s.817.155, F.S.)
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Signature of a member of a management of the section of the sectio	Per or an authorized representative of a member.  203 (1) (b), Florida Statutes, the execution of this document to penalties of perjury that the facts stated herein are true; ition submitted in a document to the Department of State; is provided for in s.817.155, F.S.)