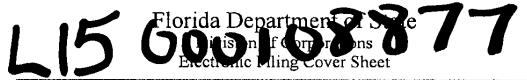
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06/25/2015 15:36

#620 P.001/003

6/25/2015

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Garrie	Fax Number : (850)617-6381	**	4
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~	员马From:		- ne Ch	
	1	Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES,	INC.	
		Account Number : 075350000353	2;51	•
		Phone : (800)221-2972	•	
		Fax Number : (888)692-9256		

## FLORIDA LIMITED LIABILITY CO. **RONA'S JEWEL-ARTE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Email Address:___

Help

06/25/2015 15:37

#620 P.002/003

ARTICLES O	FORGANIZATION FOR I	LORIDA LIMITE	LIABILITY COMPANY	
ARTICLE I - Name: The name of the Limited Liabili	ty Company is:			Ÿ
RONA'S JEWEL-A				·
(Must end	with the words "Limited	Liability Compan	y, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal of	fice of the Limite	d Liability Company is:	
Princip	al Office Address:	,	Mailing Address:	•
4960 BOCAIRE BL BOCA RATON, FL			50 BOCAIRE BLVD. CA RATON, FL.33487	
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an The name and the Florida street	cannot serve as its own active Florida registration	Registered Agent. n.)	ent's Signature: You must designate an individua	7 F 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	RONA GOODMAN			
		Name		
	4960 BOCAIRE BLY	/D.		
	Florida street address	(P.O. Box NOT	acceptable)	## <b>0</b>
	BOCA RATON	FL	33487	
•	City	State	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 605, F.S..

(CONTINUED)

Page 1 of 2

<u>Title:</u>		Name and Address:
"AMBR" = Author		
"MGR" ≈ Manager		RONA GOODMAN
		4960 BOCAIRE BLVD.
		BOCA RATON, FL.33487
	<del></del>	
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		- Augustina - Augu
ective date is listed, of filing.) Tthe date inserted in	, if other than the date of the date must be speci this block does not mee	filing: (OPTIONAL.) fic and cannot be more than five business days prior to or 90 of the applicable statutory filing requirements, this date will not
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