# L15000148363

(Re	equestor's Name)	<u> </u>
(Ac	ldress)	<del></del>
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



800276435378

08/27/15--01008--013 \*\*160.00



**SEP** 0 4 2015 **W PAINTER** 

### **COVER LETTER**

	legistration Section livision of Corporations
SUBJECT	Jewelry Capital, LLC
	Name of Limited Liability Company
The enclose	sed Articles of Organization and fee(s) are submitted for filing.
Please reta	arn all correspondence concerning this matter to the following:
	Elizabeth Huber
	Name of Person
	Jewelry Capital, LLC
	Firm/Company
	1330 Noble Heron Way
	Address
	Naples, Fl. 34105
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	Elizabeth Huber 401 486-2351
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$125.00 1	Filing Fee \$\ \text{\$130.00 Filing Fee & Certificate of Status} \text{\$\text{\$\subset\$Certified Copy (additional copy is enclosed)}} \text{\$\text{\$\subset\$\$\subset\$\$\text{\$\subset\$}\subseteq\$ \$\text{\$\subset\$}\subseteq\$ \$\text{\$\subset\$\$\subset\$\$\subseteq\$ \$\text{\$\subset\$}\subseteq\$ \$\text{\$\subset\$}\subseteq\$ \$\text{\$\subset\$\$\subseteq\$ \$\text{\$\subset\$}\subseteq\$ \$\text{\$\subset\$}\subseteq\$ \$\text{\$\subset\$}\subseteq\$ \$\text{\$\subseteq\$}\subseteq\$ \$

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314 Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

DTICLE I Name

	st end with the words "Limited Li	iability Company,	"L.L.C.," or "LLC.")
TICLE II - Address: mailing address and s	treet address of the principal offic	ce of the Limited L	iability Company is:
<u> </u>	rincipal Office Address:		Mailing Address:
1330 Noble H	eron Way	811 P	ark E Drive
			1 . 71.00007
e Limited Liability Co her business entity w	ed Agent, Registered Office, & mpany cannot serve as its own Reith an active Florida registration.	Registered Agent egistered Agent. Yo	
TICLE III - Register the Limited Liability Co other business entity w	ed Agent, Registered Office, & mpany cannot serve as its own Re ith an active Florida registration.	Registered Agent egistered Agent. Yo	's Signature:
TICLE III - Register the Limited Liability Co other business entity w	ed Agent, Registered Office, & mpany cannot serve as its own Reith an active Florida registration.  street address of the registered at Elizabeth Huber	Registered Agent egistered Agent. Yo	's Signature:
TICLE III - Register the Limited Liability Co other business entity w	ed Agent, Registered Office, & mpany cannot serve as its own Reith an active Florida registration.  street address of the registered at Elizabeth Huber	Registered Agent egistered Agent. You gent are:	's Signature:
TICLE III - Register the Limited Liability Co other business entity w	ed Agent, Registered Office, & mpany cannot serve as its own Reith an active Florida registration.  street address of the registered at Elizabeth Huber	Registered Agent egistered Agent. You gent are:	's Signature: ou must designate an individual
TICLE III - Register the Limited Liability Co other business entity w	ed Agent, Registered Office, & mpany cannot serve as its own Reith an active Florida registration.  street address of the registered at Elizabeth Huber	Registered Agent egistered Agent. You gent are:	's Signature: ou must designate an individual

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

15 AUG 27 FH 7: 17

Title:		Name and Address:
"AMBR" = Authorized !	Member	
"MGR" = Manager		
AMBR		Elizabeth Huber
		1330 Noble Heron Way
		Naples. Fl 34105
	,	
		·
ctive date is listed, the of filing.)	late must be specific a	g: (OPTIONAL)  nd cannot be more than five business days prior to or 90
ective date is listed, the of filing.)	late must be specific a block does not meet the the Department of State	nd cannot be more than five business days prior to or 90 eapplicable statutory filing requirements, this date will not
ective date is listed, the of filing.) the date inserted in this ment's effective date on E VI: Other provisions, in	late must be specific a block does not meet the the Department of State any.	nd cannot be more than five business days prior to or 90 eapplicable statutory filing requirements, this date will not
ective date is listed, the of filing.) the date inserted in this ment's effective date on E VI: Other provisions, in the could be seen as the could be seen	place must be specific a plock does not meet the the Department of State any.	nd cannot be more than five business days prior to or 90 to applicable statutory filing requirements, this date will not e's records.
ective date is listed, the of filling.) the date inserted in this nent's effective date on E VI: Other provisions, in the course of the course	place must be specific a plock does not meet the the Department of State any.	nd cannot be more than five business days prior to or 90 to applicable statutory filing requirements, this date will not e's records.
ective date is listed, the of filing.) the date inserted in this ment's effective date on E VI: Other provisions, in the EVI:	place must be specific a plock does not meet the the Department of State any.	e applicable statutory filing requirements, this date will not e's records.  When the statutory filing requirements, this date will not e's records.  Or an authorized representative of a member, accordance with section 605.0203 (1) (b), Florida Statutes.
ective date is listed, the of filing.) the date inserted in this ment's effective date on E VI: Other provisions, in the EVI:	place must be specific a colock does not meet the the Department of State any.  The place of a member of any is executed in a care that any false informative that any false informativ	and cannot be more than five business days prior to or 90 c applicable statutory filing requirements, this date will not e's records.
ective date is listed, the of filing.) the date inserted in this ment's effective date on E VI: Other provisions, in the EVI:	place must be specific a colock does not meet the department of State any.  The department of State and the Department of a member of a state any false informes a third degree felong disabeth Huber	e applicable statutory filing requirements, this date will not e's records.  Or an authorized representative of a member.  Decordance with section 605.0203 (1) (b), Florida Statutes.  Description of the Department of State of a provided for in s.817.155, F.S.
ective date is listed, the of filing.) the date inserted in this ment's effective date on E VI: Other provisions, in the EVI:	place must be specific a colock does not meet the department of State any.  The department of State and the Department of a member of a state any false informes a third degree felong disabeth Huber	e applicable statutory filing requirements, this date will not e's records.  Or an authorized representative of a member.  Execordance with section 605.0203 (1) (b), Florida Statutes.  Ination submitted in a document to the Department of State as provided for in s.817.155, F.S.
ctive date is listed, the of filing.) the date inserted in this nent's effective date on E VI: Other provisions, in EEOUIRED SIGNATION This does I am away constituted.	plack does not meet the he Department of State any.  The place of a member of any and the behavior of a member of a member of the that any false informes a third degree felong lizabeth Huber	e applicable statutory filing requirements, this date will not e's records.  The statutory filing requirements, this date will not e's records.  The statutory filing requirements, this date will not e's records.  The statute of a member, and an authorized representative of a member, and a statutes of a member.  The statutory filing requirements, this date will not every an authorized representative of a member.  The statutory filing requirements of a member.  The statutory fi
ctive date is listed, the of filing.) the date inserted in this nent's effective date on E VI: Other provisions, in EEOUIRED SIGNATION S	place must be specific and place the Department of State fany.	e applicable statutory filing requirements, this date will note's records.  Or an authorized representative of a member.  Execordance with section 605.0203 (1) (b), Florida Statutes, nation submitted in a document to the Department of State y as provided for in s.817.155, F.S.
ctive date is listed, the of filing.) the date inserted in this itent's effective date on the course of the course	place must be specific a colock does not meet the he Department of State any.  IRE:  Instructor a member comment is executed in a cre that any false informes a third degree felony lizabeth Huber  Type  Articles of Organizatory (Optional)	e applicable statutory filing requirements, this date will not e's records.  The statutory filing requirements, this date will not e's records.  The statutory filing requirements, this date will not e's records.  The statute of a member, and an authorized representative of a member, and a statutes of a member.  The statutory filing requirements, this date will not every an authorized representative of a member.  The statutory filing requirements, this date will not every an authorized representative of a member.  The statutory filing requirements of a member.  The statu

',,,

Page 2 of 2

15 AUG 27 PH 7: 17

### **COVER LETTER**

	Registration Section Division of Corporations				
SUBJEC	Jewelry Capital, LLC				
SUBJEC.		Limited Liabili	ty Company		
The enclo	sed Articles of Organization and fee(s)	are submitted	for filing.		
Please ret	urn all correspondence concerning this	matter to the fo	ollowing:		
	Elizabeth Huber				
		Name of	Person		
	Jewelry Capital, LLC				
		Firm/Co	npany		
	1330 Noble Heron Way				
		Addre	\$5		
	Naples, Fl. 34105				
	chuber@jeweledcross.com	City/State and	Zip Code		
	E-mail address: (to be us	sed for future a	nnual report notific	eation)	
For further	information concerning this matter, ple	ease call:			
	Elizabeth Huber	401	486-2351		
	Name of Person	Area Code	Daytime Teleph	one Number	
Enclosed	is a check for the following amount:				
\$125.00 F	Filing Fee \$130.00 Filing Fee & Certificate of Status	Certific	0 Filing Fee & d Copy d copy is enclosed)	(additional copy is enclosed)	*** ** *** *** *** *** *** *** *** ***
	Mailing Address  New Filing Section  Division of Corporations  P.O. Box 6327  Tallahassec, FL 32314		Street Address New Filing Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	ations ations	C

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	one marino moras comined cia	bility Company,	'L.L.C.," or "LLC.")
ICLE II - Address: nailing address and str	eet address of the principal office	e of the Limited L	iability Company is:
<u>Pri</u>	ncipal Office Address:		Mailing Address:
1220 Noble Hea	on Way	811 Pa	ark E Drive
ואת אומטאו מככן	VII IT UJ		
Limited Liability Com ter business entity with	) S I Agent, Registered Office, & R	Registered Agent	's Signature: ou must designate an individual or
Naples, Fl. 3410  TCLE III - Registered Limited Liability Comer business entity with	Agent, Registered Office, & Repany cannot serve as its own Registration.) The registered age	Registered Agent	's Signature:
Naples, Fl. 3410  TCLE III - Registered Limited Liability Comer business entity with	Agent, Registered Office, & Repany cannot serve as its own Registration.)  The registered agent and address of the registered agent and agent and agent and agent address of the registered ag	Registered Agent	's Signature:
Naples, Fl. 3410  TCLE III - Registered Limited Liability Comer business entity with	Agent, Registered Office, & Repany cannot serve as its own Registration.)  The registered agency and the registered agency and active Florida registered agency and the registered agency agency and the registered agency and the registered agency and the	Registered Agent gistered Agent. You	's Signature:
Naples, Fl. 3410  TCLE III - Registered Limited Liability Comer business entity with	Agent, Registered Office, & Repany cannot serve as its own Registration.)  Agent an active Florida registration.)  Agent address of the registered agence Elizabeth Huber	legistered Agent gistered Agent. Yo ent are:	's Signature: ou must designate an individual or
Naples, Fl. 3410  TCLE III - Registered Limited Liability Comer business entity with	Agent, Registered Office, & Repany cannot serve as its own Registration.)  Agent an active Florida registration.)  Agent address of the registered agence Elizabeth Huber  National Science Sc	legistered Agent gistered Agent. Yo ent are:	's Signature: ou must designate an individual or

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

15 AUG 27 PH 7: 17

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	Elizabeth Wolfer	
AMBR	Elizabeth Huber 1330 Noble Heron Way	
	Naples. Fl 34105	
	Парим. 11 34103	
	of filing:	lave a
LE V: Effective date, if other than the date fective date is listed, the date must be spe of filing.)  f the date inserted in this block does not m	eclfic and cannot be more than five business days prior to or 90 oneet the applicable statutory filing requirements, this date will not	
LE V: Effective date, if other than the date fective date is listed, the date must be spe of filing.) If the date inserted in this block does not manner is effective date on the Department of	eclfic and cannot be more than five business days prior to or 90 oneet the applicable statutory filing requirements, this date will not	
LE V: Effective date, if other than the date fective date is listed, the date must be spe of filing.) If the date inserted in this block does not manner is effective date on the Department of	eclfic and cannot be more than five business days prior to or 90 oneet the applicable statutory filing requirements, this date will not	
LE V: Effective date, if other than the date fective date is listed, the date must be spe of filing.) If the date inserted in this block does not mument's effective date on the Department of LE VI: Other provisions, if any.  REQUIRED SIGNATURE:	eclific and cannot be more than five business days prior to or 90 oneet the applicable statutory filing requirements, this date will not sof State's records.	
LE V: Effective date, if other than the date fective date is listed, the date must be spe of filing.) If the date inserted in this block does not mument's effective date on the Department of LE VI: Other provisions, if any.  REQUIRED SIGNATURE: Signature of a me	eclific and cannot be more than five business days prior to or 90 oneet the applicable statutory filing requirements, this date will not sof State's records.  **Matter State of a member of a member of a member of a member of a member.	
LE V: Effective date, if other than the date fective date is listed, the date must be spend of filing.) If the date inserted in this block does not mament's effective date on the Department of LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me This document is execut	mber or an authorized representative of a member.  ed in accordance with section 605.0203 (1) (b), Florida Statutes.	e list
LE V: Effective date, if other than the date fective date is listed, the date must be spend of filing.) If the date inserted in this block does not mament's effective date on the Department of LE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a me This document is executed an aware that any false	eclific and cannot be more than five business days prior to or 90 oneet the applicable statutory filing requirements, this date will not sof State's records.  **Matter State of a member of a member of a member of a member of a member.	oe list
LE V: Effective date, if other than the date fective date is listed, the date must be spend of filing.) If the date inserted in this block does not mament's effective date on the Department of LE VI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a me This document is execut I am aware that any false constitutes a third degree	mber or an authorized representative of a member.  ed in accordance with section 605.0203 (1) (b), Florida Statutes.  enformation submitted in a document to the Department of State:	e list
LE V: Effective date, if other than the date fective date is listed, the date must be spend of filing.) If the date inserted in this block does not mament's effective date on the Department of LE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a me This document is executed an aware that any false	mber or an authorized representative of a member.  ed in accordance with section 605.0203 (1) (b), Florida Statutes.  enformation submitted in a document to the Department of State:	oe list
LE V: Effective date, if other than the date fective date is listed, the date must be specifiling.)  If the date inserted in this block does not manent's effective date on the Department of LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me This document is execut I am aware that any false constitutes a third degree	mber or an authorized representative of a member.  ed in accordance with section 605.0203 (1) (b), Florida Statutes.  information submitted in a document to the Department of State:  felony as provided for in s.817.155, F.S.	15 AUG 27
LE V: Effective date, if other than the date fective date is listed, the date must be spend of filing.) If the date inserted in this block does not mament's effective date on the Department of LE VI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a me This document is execut I am aware that any false constitutes a third degree  Elizabeth Huber	mber or an authorized representative of a member.  ed in accordance with section 605.0203 (1) (b), Florida Statutes.  information submitted in a document to the Department of State:  felony as provided for in s.817.155, F.S.	oe list

ARTICLE IV-