

L19000005411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

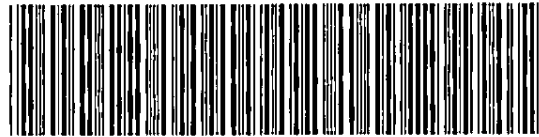
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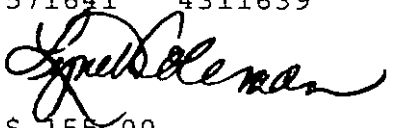
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CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 571641 4311639

AUTHORIZATION :



COST LIMIT : \$ 155.00

ORDER DATE : January 7, 2019

ORDER TIME : 9:20 AM

ORDER NO. : 571641-005

CUSTOMER NO: 4311639

DOMESTIC FILING

NAME: VALENTINI JEWELRY COMMERCE,  
LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft - EXT. 62925

EXAMINER'S INITIALS: \_\_\_\_\_

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TALLAHASSEE, FL 32301

**ARTICLES OF ORGANIZATION  
OF  
VALENTINI JEWELRY COMMERCE, LLC**

**ARTICLE I: - Name**

The name of the Limited Liability Company is **Valentini Jewelry Commerce, LLC**

**ARTICLE II: - Address**

The mailing address and street address of the principal office of the Limited Liability Company is:

**6365 Collins Avenue  
Suite 2807  
Miami Beach, Florida 33141**


**ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature**

The name and the Florida street address of the registered agent are:

**Corporation Service Company  
1201 Hays Street  
Tallahassee, Florida 32301**

*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.*

**CORPORATION SERVICE COMPANY, as Registered Agent**

By:   
Name: **Emily Croft**  
Title: **Asst. Vice President**

**ARTICLE IV: - Management**

The name and address of each person authorized to manage and control the limited liability company is as follows:

<u>Title:</u>	<u>Name and Address:</u>
AMBR	Luciana Valentini 6365 Collins Avenue Suite 2807 Miami Beach, Florida 33141

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**TALLAHASSEE, FL 32301**

\*\*\*\*\*

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization  
on January 5<sup>th</sup>, 2019.



\_\_\_\_\_  
Luciana Valentini, a Member

(In accordance with section 605.0203(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 Section 817.155, Florida Statutes.)

\_\_\_\_\_  
Luciana Valentini

Typed or printed name of signee

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