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. (Cit	ty/State/Zip/Phone	e #)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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				Dissolution / Withdrawal
				Annual Report / Reinstatement
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				Fictitious Search
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Requested by: Seth	07/30/19			UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
				UCC    Retrieval
Walk-In	Will Pick Up	<del></del>		Courier

## COVER LETTER

	New Filing Section Division of Corporations	
SUBJEC	VULKE JEWELRY LLC	
SOMBLE	Name of L	imited Liability Company
The enclo	sed Articles of Organization and fee(s)	are submitted for filing.
Please ret	urn all correspondence concerning this r	matter to the following:
	EMANUELLE OLIVEIRA	
		Name of Person
	CSG CAPITAL SERVICES GROUP	PINC
		Firm/Company
	446 W HILLSBORO BLVD	
	•	Address
	DEERFIELD BEACH, FL 33441	
	EMANUELLE@THEWAYGROUP.	City/State and Zip Code BIZ
	E-mail address: (to be use	ed for future annual report notification)
For further	information concerning this matter, ples	ase call;
		954 427.4770
		Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:	
\$125.00	Filing Fee S130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee. Certified Copy (additional copy is enclosed)  S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address  New Filing Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, F1, 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

VULKE JEWE	ELRY LLC st contain the words "Limited Liabi	lity Company 11	I I C "or "I I C")
(Ma.	a contain the words Limited Liabi	my Company,	L.L.C., OF LLC.
ARTICLE II - Address:			
The mailing address and s	treet address of the principal office	of the Limited L	Liability Company is:
<u> </u>	rincipal Office Address:		Mailing Address:
6770 CONGRI	ESS AVE	6770 (	CONGRESS AVE
	11 0/03/ 020		PHOLMAILBOX 232
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BOCA RATOR  ARTICLE III - Registere (The Limited Liability Coronother business entity wi	NFL 33487 ed Agent, Registered Office, & Repany cannot serve as its own Regith an active Florida registration.)	BOCA egistered Agent stered Agent, Yo	NRATON FL 33487  's Signature:
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(CONTINUED)

Registered Agent's Signature (REQUIRED)

JE 30 AM 10:

MGR" = Manager  MMBR  LUCAS VOLPON  6770 CONGRESS AVE APT PHOT MAILBOX 232  BOCA RATON FL 33487   Jise attachment if necessary)  V: Effective date, if other than the date of filing:	LUCAS VOLPON  6770 CONGRESS AVE APT PHOT MAIL BOX 23: BOCA RATON FL 33487  LUCAS VOLPON  GOPTIONAL)  Listed, the date must be specific and cannot be more than five business days prior to or red in this block does not meet the applicable statutory filing requirements, this date will rive date on the Department of State's records.  Provisions, if any.  LUCAS VOLPON  Typed or printed name of signee  Filing Fees:  ing Fee for Articles of Organization and Designation of Registered Agent retrified Copy (Optional)	Title:	Name and Address:
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ARTICLE IV-

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Aux SSTE, FLORIDA