## L213338587

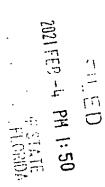
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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3/1/21

## COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Leo Jewelry  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:	
Dorothy Whyte	_
, Name of Person	
Firm/Company	-
9654 Tocobaga Pl	<u>.</u>
Address	
Riverview, FL 33578 City/State and Zip Code	-
annmarie dee 641@amail.com	
	-
For further information concerning this matter, please call:	1
Darothy Whyte at 954, 552-7988  Name of Person Area Code Daytime Telephone Number	RE C
Enclosed is a check for the following amount:	9
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  □\$125.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee & □	ę.

Mailing Address
New Filing Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## \* ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Leo Jewelry.	L.L.C.
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of	the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9654 Tocobaga Pl Priverview, FL 33578	9654 Tocobaga Pl Riverview, FL 33578
ARTICLE III - Registered Agent, Registered Office, & Regi (The Limited Liability Company cannot serve as its own Registe another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent a	are:
Devone	Whyte
Name	
<u> 3000 S. A</u>	dams St. Apt. 222
Florida street address (P.O.	Box NOT acceptable)
Tallahassee	FL 32301
City S	itate Zip
Having been named as registered agent and to accept service of prolace designated in this certificate. I hereby accept the appointmenturence to comply with the provisions of all stanues relating to am familiar with and accept the obligations of my position as regis	nt as registered agent and agree to act in this capacity. I TI to the proper and complete performance of my duties, and L
H ling	三
Regimered Ag	gent's Signature (REQUIRED)
(CON	NTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Tective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lighter to effective date on the Department of State's records.  LE VI: Other provisions, if any.  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  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 s.817.155. F.S.  Dorothy Whyte  Typedor printed name of signee	HANADDU — A saha sinuah Massah sa	Maine and Address.		
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