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COVER LETTER

	Registration Section Division of Corporations	
SUBJECT	ROSY'S JEWELRY LLC	
SUBJECT	r:Name of Limited Liability	y Company
The enclos	sed Articles of Organization and fee(s) are submitted fo	or filing.
Please retu	irn all correspondence concerning this matter to the fo	llowing:
	ROSA HERNANDEZ	
	Name of P	erson
	ROSY'S JEWELRY LLC	
	Firm/Com	npany
	5450 GROVE CROSSING BLVD	
	Addres	55
	ORLANDO, FLORIDA 32839	
	City/State and	Zip Code
	E-mail address: (to be used for future an	nual report notification)
For further in	information concerning this matter, please call:	
	ROSA HERNANDEZ 407 at ()	325-9236
	Name of Person Area Code	Daytime Telephone Number
Enclosed is	s a check for the following amount:	
\$125.00 Fi	Certificate of Status Certified	Filing Fee & \$160.00 Filing Fee. d Copy Certificate of Status & Certified Copy (additional copy is enclose)
	New Filing SectionNDivision of CorporationsDP.O. Box 6327CTallahassee, FL 323142	Street Address Jew Filing Section Division of Corporations Litton Building 661 Executive Center Circle Callabassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Li	ability Company is:			
ROSY'S JEWEL	JRY LLC end with the words "Limited	Linkilia Communi	11.0 "	
(Must	end with the words "Limited	Liability Company.	TalaCa or the C	
ARTICLE II - Address: The mailing address and str	eet address of the principal o	ffice of the Limited L	iability Company is:	
<u>Pri</u>	Principal Office Address:		Mailing Address: 5450 GROVE CROSSING BLVD ORLANDO, FL 32839	
5450 GROVE CROSSING BLVD ORLANDO, FL 32839				
(The Limited Liability Com another business entity with	A Agent, Registered Office, pany cannot serve as its own an active Florida registration rect address of the registered	Registered Agent, Young, agent are:		vidual or
	<u>ROSA HERNANDE</u>	Z Name	. .	
		Name		
	5450 GROVE CROS		· · · · · · · · · · · · · · · · · · ·	
	Florida street address	s (P.O. Box <u>NOT</u> acc	eptable)	
	ORLANDO	FLORIDA	32839	
	City	State	Zip	
place designated in this certificant for the support of the suppor	red agent and to accept servicate, I hereby accept the appe the provisions of all statutes re the obligations of my position of Registe	ointment as registered lating to the proper a	agent and agree to act in nd complete performance provided for in Chapter (this capacity. 1 of my duties, and
		(CONTINUED)		202

Page 1 of 2

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

Title: "AMBR" = Authorized M	Name and Address:	
"MGR" = Manager <u>MGR</u>	ROSA HERNANDEZ 5450 GROVE CROSSING BLVD ORLANDO, FL 32839	
(Use attachment if necessa		
(If an effective date is listed, the da the date of filing.)	an the date of filing: 02/02/2023 (OPTIONAL) must be specific and cannot be more than five business days prior to or 90 day does not meet the applicable statutory filing requirements, this date will not be epartment of State's records.	
ARTICLE VI: Other provisions, if a SALES JEWELRY MOVII.		<u> </u>
<u>REOURED</u> SIGNATUI	2. Hornandez	_
This docu Lam aware	are of a member or an authorized representative of a member, at is executed in accordance with section 605,0203 (1) (b). Florida Statutes, at any false information submitted in a document to the Department of State hird degree felony as provided for in s.817.155, F.S.	
<u>RO</u>	HERNANDEZ Typed or printed name of signee	
\$125.00 Filing Fee for 7 \$ 30.00 Certified Copy \$ 5.00 Certificate of \$		j