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TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-624 Please use funds from this account: 12021000160: \$125.00 Authorization Signature: Old Jewel, LLC **Business** Document # Pick up time Walk in Mail out Will wait Certified copy of articles Certificate of Status **AMMENDMENTS NEW FILINGS** Profit Amendment Resignation of R.A. Officer/Director Not for Profit Change of Registered'Agent Dissolution/Withdrawal X Limited Liability Domestication __ Other ____ Merger __ CORP ___ Conversion **OTHER FILINGS** REGISTERATION/QUALIFICATIONS ___ Foreign filing Annual Report Limited Partnership Reinstatement Fictitious Name Other ____ APOSTIL

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

EXAMINER'S INITIALS:_____

(850) 524-5437 (850) 524-624 Please use funds from this account: 12021,000160: \$125.00 Authorization Signature: _____ Old Jewel, LLC Business Document # ___ Pick up time____ Walk in Mail out Will wait Certified copy of articles Certificate of Status **NEW FILINGS AMMENDMENTS** Profit Amendment Not for Profit Resignation of R.A. Officer/Director _ Change of Registered Agent _ X__Limited Liability Domestication Dissolution/Withdrawal Other _ Merger __ CORP Conversion **OTHER FILINGS** REGISTERATION/QUALIFICATIONS: ___ Foreign filing Annual Report __Limited Partnership Fictitious Name Reinstatement Other ____ APOSTIL

FLORIDA CAPITAL COURIER SERVICES, INC.

2330 CLARE DRIVE

TALLAHASSEE, FL 32309

EXAMINER'S INITIALS:

COVER LETTER

	iling Section on of Corporations				
OI DIECTE	LD JEWEL, LLC				
SUBJECT:	Name of	Limited Liability Company			
The enclosed A	rticles of Organization and fee(s)	are submitted for filing.			
Please return all	correspondence concerning this	matter to the following:			
SAI	NDRA Z. GREEN, ESQ.				
		Name of Person			
JOS	JONATHAN H. GREEN & ASSOCIATES, P.A.				
	Firm/Company				
901	901 Ponce de Leon Boulevard, Suite 601				
	Address				
Сог	al Gables, Florida 33134				
szg(a	jjhglaw.com	City/State and Zip Code			
<u>-</u> -	E-mail address: (to be us	sed for future annual report notific	ation)		
For further inform	nation concerning this matter, ple	ease cail:			
Sano	Ira Z. Green, Esq.	305 372-5100			
	Name of Person	Area Code Daytime Teleph	one Number		
Enclosed is a ch	eck for the following amount:		FI		
≣\$125.00 Filin	g Fee S130.00 Filing Fee Certificate of Status	& S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Address	Street Address			

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

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:	
OLD JEWEL, LLC	
(Must contain the words "Limited Liabi	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
restricted to the second of the control of the cont	
The mailing address and street address of the principal office	of the Limited Liability Company is:
the mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	of the Limited Liability Company is: Mailing Address:
Principal Office Address:	Mailing Address:
	Mailing Address:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or

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

another business entity with an active Florida registration.)

JONATHAN H. GR	EEN & ASSOCIATE	S, P.A.
	Name	
901 Ponce de Leon I	Boulevard, Suite 601	
Florida street addre	ss (P.O. Box <u>NOT</u> acc	reptable)
Coral Gables	Florida	33134
City	State	Zip

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR STRONGHOLD, LLC 382 NE 191 Street, Suite 31904 Miami, Florida 33179 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE 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.

SANOR Z GREEN ESQ.

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

REQUIRED SIGNATURE: