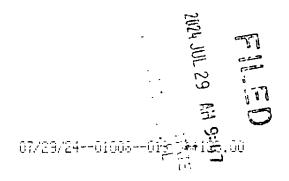
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Judyana's Jewelry N Hings 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:
Judy P. George Name of Person
Name of Person  Genstone Jewelry  Firm/Company
7344 Wagon Trail Jane
Tallahassee, Florida 32310
Splovely 41@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Judy George at (850) 228 9695  Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
■ S130.00 Filing Fee & □ S155.00 Filing Fee & □ S160.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed)  □ S160.00 Filing Fee,  Certificate of Status & Certified Copy  (additional copy is enclosed)
Mailing Adduses

# **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

A	R	T	IC	L	E	I	-	١	a	me	•
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The name of the Limited Liability Company is:

Judyana's jewelry w things LLC.

(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:
7344 Wagon Trail lang	P.D. Box 414
Talla hasser +1.32310	Midway, Florida
7 (7) (7)	32343

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Judy P. George

Florida street address (P.O. Box NOT acceptable)

Tallahasser, Honda 3231D

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 (REOUIRED)

(CONTINUED)

<u>Fitle:</u> 'AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Modh Richarts 7344 Wagon Frail LA Fallahassee FL 32310
<u> </u>	
	21.21 JUL 29
Use attachment if necessary)	JL 29
f filing.)	nte of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days
the date inserted in this block does no nent's effective date on the Departmen	t meet the applicable statutory filing requirements, this date will not be not of State's records.

REQUIRED SIGNATURE:

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.

NO AHRICH 4 TO 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)