

W10000117086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

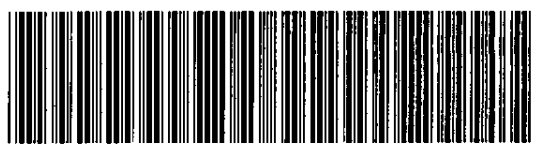
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100187337081

11/09/10--01016--003 \*\*160.00

2010 NOV -9 PM 1:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

T. CLINE  
NOV 10 2010  
EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** A Day Away Massage and Spa LLC  
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:

Tabitha Thompson

Name of Person

Tabitha Thompson

Firm/Company

195 Baggett Pl. SW

Address

Fort Walton Beach, FL. 32548

City/State and Zip Code

LMTFWB@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tabitha Thompson

Name of Person

at ( 850 ) 217-0852

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

2010 NOV -9 PM 1:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

A Day Away Massage and Spa LLC

(Must end with 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:**

208 Mary Esther Blvd. #D  
Mary Esther, FL 32569

**Mailing Address:**

195 Baggett Pl. SW  
Ft. Walton Bch. FL 32548

**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:

Tabitha Thompson

Name

195 Baggett Pl. SW

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

Ft. Walton Bch FL 32548

City, State, and Zip

SECRETARY OF STATE  
ALLAHABAD, FLORIDA

2010 NOV -9 PM 1:11

FILED

*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 608, F.S..*

Tabitha Thompson

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Tabitha Thompson  
195 Baggett Pl. SW  
Fort Walton Beach, FL 32548

MGRM

Denise Austin  
195 Baggett Pl. SW  
Fort Walton Beach, FL 32548

MGRM

Leah White  
206 Pilgrim Ave.  
Fort Walton Beach, FL 32547

(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.)

**REQUIRED SIGNATURE:**

Tabitha Thompson

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Tabitha Thompson

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)**

2019 NOV -9 PM 1:11  
FILED  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA