

LI 800 288 557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

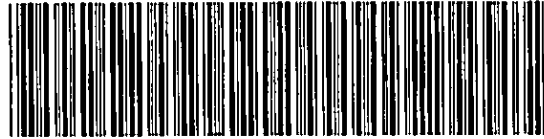
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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** BE POLISHED NAILS & SPA LLC  
(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

FREDDY PALOMINO  
(Contact Person)  
BE POLISHED NAILS & SPA LLC  
(Firm/Company)  
8890 SALROSE LANE - SUITE 108  
(Address)  
FORT MYERS, FL 33912  
(City, State and Zip Code)  
gataxservicescorp@gmail.com  
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Fernando Grijalva at ( 954 ) 822-4985  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

- \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)
- \$155.00 Filing Fees and Certificate of Status
- \$180.00 Filing Fees and Certified Copy
- \$185.00 Filing Fees, Certified Copy, and Certificate of Status

**STREET ADDRESS:**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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TALLAHASSEE, FL 32317

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

BE POLISHED NAILS & SPA 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:**

8890 SALROSE LANE  
SUITE 108  
FORT MYERS, FL 33912

**Mailing Address:**

8890 SALROSE LANE  
SUITE 108  
FORT MYERS, FL 33912

**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:

FREDDY PALOMINO  
Name

8947 WATER TUPELO ROAD  
Florida street address (P.O. Box **NOT** acceptable)

FORT MYERS                      FL 33912  
City                                      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)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR \_\_\_\_\_

**Name and Address:**

\_\_\_\_\_  
PALOMINO ENTERPRISES INC.  
\_\_\_\_\_  
8890 SALROSE LANE - STE 108  
\_\_\_\_\_  
FORT MYERS, FL 33912

MGR \_\_\_\_\_

\_\_\_\_\_  
FREDDY PALOMINO  
\_\_\_\_\_  
8947 WATER TUPELO ROAD  
\_\_\_\_\_  
FORT MYERS, FL 33912

MGR \_\_\_\_\_

\_\_\_\_\_  
HERBY PALOMINO  
\_\_\_\_\_  
8947 WATER TUPELO ROAD  
\_\_\_\_\_  
FORT MYERS, FL 33912

MGR \_\_\_\_\_

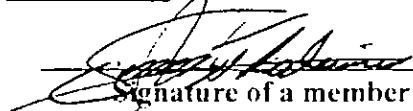
\_\_\_\_\_  
CHRISTIAN MAYO  
\_\_\_\_\_  
19383 SW 68th STREET  
\_\_\_\_\_  
FORT LAUDERDALE, FL 33332

(Use attachment if necessary)

**ARTICLE V:** Other provisions, if any.

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**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.

FREDDY PALOMINO

\_\_\_\_\_  
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)