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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

MAY -7 2014

CLINE

CAPITAL CONNECTION, INC.
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

BEAUTY BY NATURE SALON, LLC

Signature

Requested by: NA

Name

5/7/14
Date

Time

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____ Merger File_____
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____ RA Resignation_____
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____ Annual Report / Reinstatement_____
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____ Certificate of Fictitious Name_____
____ Corp Record Search_____
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I-Name:
The name of the Limited Liability Company is: Beauty By Nature Salon, 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:
1305 West Midway Road	519 SW Bayshore Boulevard
Fort Pierce, Florida 34982	Port St. Lucie, Florida 34983

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

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

Mariam Seddique
Name

519 SW Bayshore Boulevard
Florida Street address (P.O. Box Not acceptable)

Port St. Lucie, Florida 34983
City, State, and Zip

2014 MAY -7 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 the Chapter 605 F.S.

Mariam Seddique
Registered Agent's Signature

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:	Address:
Mariam Seddique, MGR	519 SW Bayshore Boulevard Port St. Lucie, Florida 34983

REQUIRED SIGNATURE:

Mariam Seddique

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

(In accordance with section 605, Florida Statues, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Mariam Seddique, MGR
Typed or printed name of signee

2014 MAY -7 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA