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Division of Corporations

Fax Number : (850)617-6381

Account Name : BRUCE J. O'DONNELL, CPA, P.A.

Account Number : I20000000084

Phone : (561)883-1210 Fax Number : (561)883-1252

\*\*Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.\*\* Email Address:\_\_\_

## FLORIDA LIMITED LIABILITY CO. SUCHAYA THAIMASSAGE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
SUCHAYA THAIMASSAGE, LLC (Must contain the words "Limited Liability Co	mpany, "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:			
541 SE WOODS EDGE TRAIL STUART, FL 34997	541 SE WOODS EDGE TRAIL STUART, FL 34997			
ARTICLE III - Registered Agent, Registered Office, & Registere (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)		or		
The name and the Florida street address of the registered agent are:		LALL SECT	20 AUG	
SUCHAYA CONCESSI		全自	3	77
Name		SS	2	=
541 SE WOODS EDGE TRAIL Florida street address (P.O. Box	NOT acceptable)	EE, FLC	PM 6:	П

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.

State

STUART, FL 34997

Suchaya Cancern'
Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address: r
MGR	SUCHAYA CONCESSI 541 SE WOODS EDGE TRAIL STUART, FL 34997
	20 ALLA
	FILED HASSEE, FLORI
(Use attachment if necessary)	ida Da
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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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S 5.00 Certificate of Status (Optional)