

601000001431

CORPORATE ACCESS, INC.

236 East 6th Avenue Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 Fax (850) 222-1666

WALK IN

PICK UP 1/29/01 11:00

CERTIFIED COPY CUS

X PHOTO COPY X FILING HHC

1.) Centre Salon + Day Spa, LLC

(CORPORATE NAME & DOCUMENT #)

700003589507--0

-01/29/01--01023--023

\*\*\*\*125.00 \*\*\*\*125.00

2.)

(CORPORATE NAME & DOCUMENT #)

3.)

(CORPORATE NAME & DOCUMENT #)

4.)

(CORPORATE NAME & DOCUMENT #)

5.)

(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS

RECEIVED

01 JAN 29 AM 10:29

DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

TALLAHASSEE, FLORIDA

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01 JAN 29 AM 11:42

SECRETARY OF STATE

TALLAHASSEE, FLORIDA

# ARTICLES OF ORGNIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## Article I-Name

The name of the Limited Liability Company is:

CENTRE SALON & DAY SPA, LLC

## Article II-Address

The mailing address and street address of the principal office of the Limited Liability Company:

13501 Icot Blvd, Suite 103, Clearwater, Florida 33760

## Article III-Registered Agent, Registered Office, & Registered Agent's Signature:

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

\_\_\_\_\_  
Name Christina-Maria Brahm  
\_\_\_\_\_  
13501 Icot Blvd, Suite 103  
Florida Street address (P.O. Box NOT acceptable)  
\_\_\_\_\_  
Clearwater, Florida 33760  
\_\_\_\_\_  
City, State, and 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 608, F.S.

X Christina Maria Brahm  
Registered Agent's Signature

## Article IV-Management

- ☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

(An additional article must be added if an effective date is requested)

X Christina Maria Brahm  
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.)

\_\_\_\_\_  
Christina Maria Brahm  
Typed or printed name of signee

\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)

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