

Law Offices

JAMES F. MILLER & ASSOCIATES, P.A.

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**L01000017072**

September 27, 2001

VIA U.S. MAIL ONLY

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

000004619970--9  
-10/02/01--01039--004  
\*\*\*125.00 \*\*\*125.00

Re: Inc. of Kim's Nails, LLC

To Whom It May Concern:

Enclosed, please find the articles of incorporation for Kim's Nails, LLC along with a check in the amount of \$125.00 representing fees to register same.

If you have any questions, please do not hesitate to contact this office.

Sincerely,

JAMES F. MILLER & ASSOCIATES, P.A.

*Gina M. Richards*

Gina M. Richards, Legal Assistant

GMR/me

Encl.

FILED  
2001 OCT -2 AM 9:33  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

44

**ARTICLES OF ORGANIZATION FOR  
KIM'S NAILS, LLC**  
a Florida Limited Liability Company

**ARTICLE I**

The name of the Limited Liability Company is:

Kim's Nails, LLC

**ARTICLE II**

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

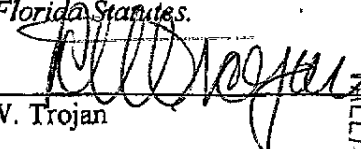
14418 Wellington Trace  
Wellington, Florida 33414

**ARTICLE III**

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

R.W. Trojan  
14418 Wellington Trace  
Wellington, Florida 33414

*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 for in Chapter 608, Florida Statutes.*

  
R. W. Trojan

**ARTICLE IV**

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

In accordance with Section 608.403(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

  
R.W. Trojan

R. W. TROJAN  
[Print Name]

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TALLAHASSEE FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

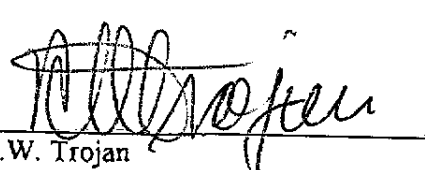
1. The name of the Limited Liability Company is:

KIM'S NAILS, LLC

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

R.W. Trojan  
14418 Wellington Trace  
Wellington, Florida 33414

*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 for in Chapter 608, Florida Statutes.*

  
R.W. Trojan

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