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CROWNING TOUCHES®

DECEMBER 17, 2001

FLORIDA DEPARTMENT OF STATE  
REGISTRATION SECTION  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

100004730241--8  
-12/18/01--01034--003  
\*\*\*\*\*125.00 \*\*\*\*\*125.00

RE: FILING FEE FOR ARTICLES OF ORGANIZATION

W01-29121

PLEASE ACCEPT MY CHECK FOR \$125.00, THE ARTICLES OF ORGANIZATION, AND  
THE FOLLOWING INFORMATION TO REGISTER WITH THE STATE OF FLORIDA FOR  
A FLORIDA SALES TAX NUMBER.

CAROLYN RUSSELL  
CROWNING TOUCHES®  
P.O. BOX 27488  
6505 THOMAS DRIVE, SUITE 1015  
PANAMA CITY BEACH, FL 32411  
PHONE (850)233-8433  
FAX (850) 230-9185

THANK YOU,

*Carolyn Russell*

CAROLYN RUSSELL

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 JAN 31 AM 9:26

4p

P.O. BOX 27488 PANAMA CITY BEACH, FLORIDA 32411  
PHONE 850-233-8433 FAX 850-230-9185



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

December 20, 2001

CAROLYN RUSSELL  
CROWNING TOUCHES  
PO BOX 27488  
PANAMA CITY BEACH, FL 32411

SUBJECT: CROWNING TOUCHES  
Ref. Number: W01000029121

We have received your document for CROWNING TOUCHES and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete Articles I and II of your Articles. In Article III, you should list the name of the actual agent only in the "name" line. You may either correct your original Articles or use the enclosed new blank form.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

You may either correct your original Articles or use the enclosed new blank form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers  
Document Specialist

Letter Number: 101A00066654

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 JAN 31 AM 9:26



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

January 22, 2002

CAROLYN RUSSELL  
CROWNING TOUCHES  
PO BOX 27488  
PANAMA CITY BEACH, FL 32411

SUBJECT: CROWNING TOUCHES  
Ref. Number: W01000029121

We have received your document for CROWNING TOUCHES and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Thank you for correcting Article III.

You must still complete Article I and Article II of your form, and the form must be signed. Attached is a copy of our previous letter requesting these corrections; please refer to the highlighted sections of the letter and your form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers  
Document Specialist

Letter Number: 902A00003127

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JAN 31 AM 9:26  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

CROWNING TOUCHES LLC

## ARTICLE II - Address:

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

P.O. BOX 27488, 6505 Thomas Drive, Panama City, FL. 32408  
(32411)

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

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

\_\_\_\_\_  
Name (CAROLYN RUSSELL)  
\_\_\_\_\_  
6505 THOMAS DRIVE, Suite #1015  
Florida street address (P.O. Box NOT acceptable)  
\_\_\_\_\_  
Panama City Beach FL 32408  
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.*

\_\_\_\_\_  
Carolyn Russell  
Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

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

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

\_\_\_\_\_  
Carolyn Russell  
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.)

\_\_\_\_\_  
CAROLYN S. RUSSELL  
Typed or printed name of signee

### Filing Fees:

- \$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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DIVISION OF CORPORATIONS  
02 JAN 31 AM 9:26