

L02000024870

PAMELA MUSGROVE
Requestor's Name

1305 PAUL RUSSELL ROAD
Address

TALLAHASSEE FL 32301
City/State/Zip Phone #

Office Use Only

FILED
02 SEP 21 AM 10:34
TALLAHASSEE FLORIDA
SECRETARY OF STATE

EFFECTIVE DATE
10/1/02

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. ARTISAN SALON & SPA LLC
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

200007982962--6
-09/24/02--01037--014
***150.00 ***125.00

- ☒ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☒ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

file 2nd

BK

RECEIVED
02 SEP 24 AM 10:24
TALLAHASSEE FLORIDA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY.

ARTICLE I – NAME

The name of the Limited Liability Company is Artisan Salon & Spa, LLC.

ARTICLE II – ADDRESS

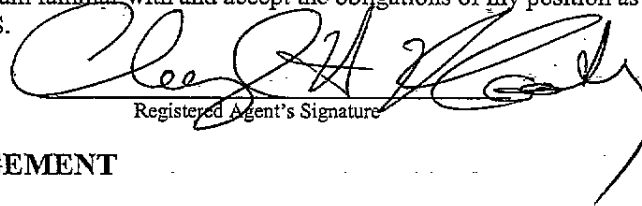
The mailing and street address of the principal office of the Limited Liability Company is 1365 Paul Russell Road, Tallahassee, Florida 32301.

ARTICLE III – REGISTERED AGENT

The name and street address of the registered agent are:

Cheryl Ann Moody
10907 Military Trail
Tallahassee, FL 32305

Having been named as a 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.

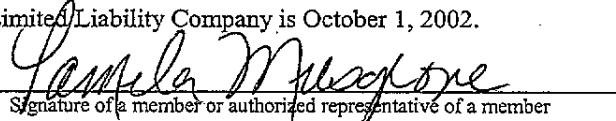

Registered Agent's Signature

ARTICLE IV – MANAGEMENT

The Limited Liability Company will be a member managed company.

ARTICLE V – EFFECTIVE DATE

The effective date of this Limited Liability Company is October 1, 2002.


Signature of a member or 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.)

Pamela E Musgrove
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
\$ 5.00 Certificate of Status
\$ 160.00 Total Enclosed

FILED
02 SEP 24 AM 10:34
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

EFFECTIVE DATE
10/1/02

ARTICLE VI -- The names and addresses of the managing members are:

1. Cheryl Ann Moody
10907 Military Trail
Tallahassee, FL. 32305.

2. Pamela E. Musgrove
10907 Military Trail
Tallahassee, FL 32305

FILED
02 SEP 24 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
10/10/07