## LD20000 25203

Carol Silver 3045R Orange St Miami, FL 33133 Tel 305-443-3038 Fax 419-818-5996

September 12<sup>th</sup> 2002

Florida Department of State Registration Section

900007769729----09/16/02--01058--006 \*\*\*\*125.00 \*\*\*\*\*125.00

Dear Sirs.

Please find enclosed the form for Articles of Organization for Florida Limited Liability Company. I have enclosed my check for \$125., which is the total amount of fees for Filing Fee \$100. and Designation of Registered Agent Fee \$25.

Thank you,

land Silver

Carol Silver.

02 SEP 25 MM 9: 05

761, 623,671



## FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

September 17, 2002

CAROL SILVER 3045R ORANGE ST MIAMI, FL 33133

SUBJECT: CAROLYNE'S DAY SPA, LLC

Ref. Number: W02000026960

02 SEP 25 MY 9: 05

We have received your document for CAROLYNE'S DAY SPA, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

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) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 402A00052929

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nai						
The name of the Li	imited Liability Com	pany is:				
	CAROLYN	ve's i	>AY	SPA,	LLC	
ARTICLE II - Ad	ldress: ss and street address	aftha nuinain	al office o	f tha Limited	I I ishility Co	mnany is
3045R	ORANGE	ST.	MIA	HMI.	FL.	331.
ARTICLE III - R	egistered Agent, Re	gistered Offi	ice, & Reg	gistered Age	nt's Signatu	re:

The name and the Florida street address of the registered agent are:	eraning Annual of the Ethi	-
CAROL SILVER	02 SEP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
3045R ORANGE ST Florida street address (P.O. Box NOT acceptable)	25 A	The second secon
MIAMI FL 33 133 City, State, and Zip	1 9: 05	

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.

Article IV - Management (Chec	·k	box	if ar	onlicable.	.)
-------------------------------	----	-----	-------	------------	----

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)

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.)

## 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)