## LD2.000030585

| D.B. Shoemaker 1304 DeSoto Avenue Suite 403 Tampa, FL 33606  |   |
|--|---|
| (City/State/Zip/Phone #)   | _ |
| PICK-UP WAIT MAIL  |   |
| (Business Entity Name)   | - |
|  |   |
| (Document Number)  | - |
|  |   |
| Certified Copies Certificates of Status  | _ |
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| Special Instructions to Filing Officer:  | ] |
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| The name of the Limited Liabili  | ity Company is:   |           |
|----------------------------------|---|-----------|
|                                  | Solstice Day Spa and Salon                                  | LLC       |
| ARTICLE II - Address:            |   |           |
| The mailing address and street a | address of the principal office of the Limited Liability Co | mpany is: |
| 310 W. F                         | rierson arc.  | •         |
| Tampa                            | ricuson anc.<br>H.33603                                     |           |
| ARTICLE III - Registered Ag      | ent, Registered Office, & Registered Agent's Signatur       | re:       |
|                                  |   |           |
| The name and the Florida street  | address of the registered agent are:                        |           |

| Dixic B. Shocmaker  |                  |     |
|---|------------------|-----|
| Name  | _ 0              |     |
| 1304 DoSoto Avc., Suita, 403                                      | \$33             |     |
| Florida street address (P.O. Box NOT acceptable)                  |                  | 7   |
| Tampa . FL 33606  |                  |     |
| City, State, and Zip  |                  | 111 |
| d as registered agent and to accept service of process for the ab | ove stated limit | ted |

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.

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

Registered Agent's Signature

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.)

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)