

L03 0000 29 683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

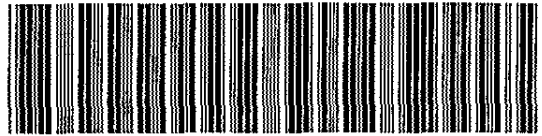
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
03 AUG - 8 AM 10:14  
TALLAHASSEE, FLORIDA

August 4, 2003

Corporate Records Bureau  
Division of Corporations  
Department of State  
P.O. Box 6327  
Tallahassee, FL 32301

RE: Esthetics by Elizabeth, LLC

Dear Sir or Madame:

Enclosed is an original and a copy of the Articles of Incorporation for the above referenced company and an original and a copy of the Certificate of Domicile.

Also enclosed is our check for \$125.00 to cover the various fees. Please send an acknowledgement of receipt of these funds.

Thank you for your co-operation in this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read "Elizabeth F. Ryan".

Elizabeth F. Ryan

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03 AUG -8 AM 10:14  
TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is: ESTHETICS BY ELIZABETH LLC

## ARTICLE II - Address:

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

2102 SOUTH DALE MABRY  
TAMPA, FL 33629

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

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

ELIZABETH F. RYAN  
Name  
2102 SOUTH DALE MABRY  
Florida street address (P.O. Box NOT acceptable)  
TAMPA FL 33629  
City, State, and Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*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.*

X Elizabeth Ryan  
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 is, therefore, a manager - managed company.

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

X Elizabeth Ryan  
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.)

ELIZABETH F. RYAN  
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)