

L03000036735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

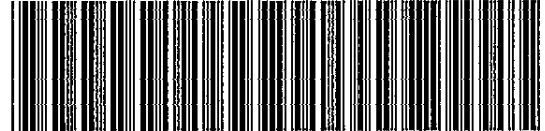
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLASSY NAILS, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID-LOI DOAN
(Name of Person)

CLASSY NAILS, LLC
(Firm/Company)

1119 APALACHEE PKWY.
(Address)

TALLAHASSEE FL 32301
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID-LOI DOAN at (850) 878-0999
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CLASSY NRILS, LLC

ARTICLE II - Address:

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

Principal Office Address:

1119 APMACHER PKWY
Tallahassee FL 32301

Mailing Address:

1119 APMACHER PKWY
Tallahassee FL 32301

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

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

DAVID-LOI DORA
Name

3329 Addison Lane
Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32317
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.


Registered Agent's Signature

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(CONTINUED)

The name and address of each Manager or Managing Member is as follows:

"MGRM" = Managing Member

KATHY NHA NGUYEN

3329 Addison lane
Philadelphia Pa 32317

REQUIRED SIGNATURE:

(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.)

DAVID - LOS DORN

Typed or printed name of signee

\$ 5.00 Certificate of Status (Optional)

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