

Florida Department of State
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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335. Phone : (305)599-0839

Phone : (305)599-0839 Fax Number : (305)716-0346 RECEIVED

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CHISTIPH OF CORPORATION

LIMITED LIABILITY COMPANY

NEETER NAILS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Pursuant to s.608.407, Florida Statutes)



ARTICLE I - NAME

The name of the Limited Liability Company is:

Neeter Nails, LLC

ARTICLE II - ADDRESS

The mailing address of the principal office is:

1730 S Pinellas Avenue, Suite F Tarpon Springs, FL 34689

ARTICLE III - REGISTERED AGENT

The name and address of the registered agent are:

Juanita J. Petlowany 711 Palm Avenue

Tarpon Springs, FL 34689

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 camply 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

The Limited Liability Company is to be managed by the members and the name and address of the managing member is:

Juanita J. Petlowany 711 Palm Avenue Tarpon Springs, FL 34689

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 within are true.

Signature of Member/Manager