

L040000/5025

STATE OF FLORIDA
04 FEB 25 PM 1:27

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

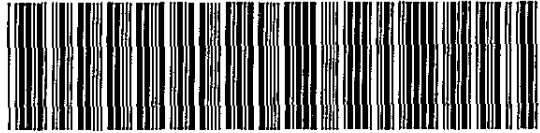
(Business Entity Name)

(Document Number)

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04 FEB 25 PM 1:25
DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 FEB 25 PM 1:27

TO: Registration Section
Division of Corporations

SUBJECT: Per Fected Touch 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:

Kevin Lavant
(Name of Person)

Per Fected Touch
(Firm/Company)

1921 Mclean Rd
(Address)

JACKSONVILLE FL. 32209
(City/State and Zip Code)

For further information concerning this matter, please call:

Kevin Lavant at (904) 226-4250
(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 FEB 25 PM 1:27

ARTICLE I - Name:

The name of the Limited Liability Company is:

Perfected Touch LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1921 McLEAN Rd.

Jacksonville FL 32209

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

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

Kevin Lavant

Name

1921 McLEAN Rd

Florida street address (P.O. Box NOT acceptable)

Jacksonville FL 32209

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..

Kevin Lavant

Registered Agent's Signature

(CONTINUED)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 FEB 25 PM 1:27

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

~~Manager~~ MGRM

Kevin Lavant
1921 Mclean Rd.
JAX, FL 32209

~~MGR~~

~~Sylvia Lavant
1921 Mclean Rd.
JAX, FL 32209~~

~~MGRM~~

~~Joshua B. Lavant
1921 Mclean Rd.
JAX, FL 32209~~

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Kevin Lavant

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.)

Kevin Lavant

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)