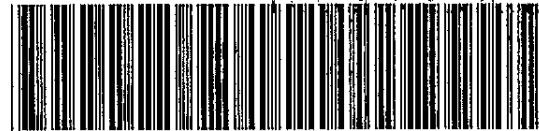


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SECRET



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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

Evangeline Charles
(Name of Person)

LOVE YOUR NAILS
(Firm/Company)

1931 Sabal Palm Dr. (#207)
(Address)

Fort Lauderdale FL 33324
(City/State and Zip Code)

For further information concerning this matter, please call:

Evangeline Charles at (954) 829-2571
(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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE I - Name:

The name of the Limited Liability Company is:

LOVE YOUR NAILS, LLC

ARTICLE II - Address:

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

Principal Office Address:

~~3884 Davie Blvd.~~
~~Lauderdale Hill, FL 33311~~
3884 Davie Blvd.
Ft. Lauderdale, FL 33312

Mailing Address:

1931 Sabal Palm Dr. (#207)
Ft. Lauderdale FL 33324
~~3884 Davie Blvd.~~
~~Ft. Lauderdale~~

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

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

Evangeline Charles

Name

1931 Sabal Palm Dr. (#207)

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

Ft. Lauderdale, FLORIDA 33324

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, Florida Statutes..

Evangeline Charles
Registered Agent's Signature

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

MGR

MGRM

Name and Address:

Evangeline Charles

1931 Sabal Palm Dr. #207

Ft. Lauderdale FL 33324

Michael Young

1931 Sabal Palm Dr. #207

Ft. Lauderdale FL 33324

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Evangeline Charles
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.)

Evangeline Charles

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)