

L04000043798

2004 JUN -7 P 3:46

SECRETARY
TALLAHASSEE

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

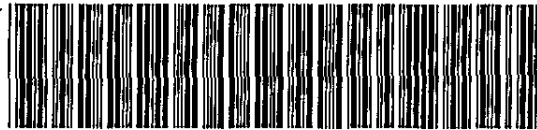
Certified Copies _____

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Special Instructions to Filing Officer:

2004-17183

Office Use Only



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06/10/04--01007--016 **25.00

04/26/04--01057--011 **105.00



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 4, 2004

SANDRA ROACH
18218 RAILROAD RD
SPRINGHILL, FL 34610

SUBJECT: YOUR IMAGE ANGEL, LLC
Ref. Number: W04000017183

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for YOUR IMAGE ANGEL, LLC and your check(s) totaling \$105.00. However, the document has not been filed and is being retained in this office for the following:

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$25.00.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 104A00030442

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: YOUR IMAGE ANGEL, LLC
(Name of Limited Liability Company)

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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:

SANDRA ROACH
(Name of Person)

YOUR IMAGE ANGEL, LLC
(Firm/Company)

18218 RAILROAD RD
(Address)

SPRING HILL, FL 34610
(City/State and Zip Code)

For further information concerning this matter, please call:

SANDRA ROACH at (352) 279-1323
(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**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

YOUR IMAGE ANGEL, LLC

ARTICLE II - Address:

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

Principal Office Address:

18218 RAILROAD RD

SPRING HILL, FL 34610

Mailing Address:

SAME

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

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

Sandra D. Roach
Name

18218 Railroad Rd
Florida street address (P.O. Box **NOT** acceptable)

Spring Hill FLORIDA 34610
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..

Sandra D. Roach
Registered Agent's Signature

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

PRESIDENT

SANDRA ROACH

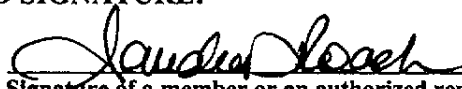
18218 RAILROAD RD

SPRING HILL, FL 34610

(Use attachment if necessary)

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

REQUIRED SIGNATURE:



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.)

Sandra D. Roach

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)