

L04000060167

Mr. & Mrs. Robert Spector
4940 S.W Saint Creek Dr.
Palm City, FL 34990

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Name
Availability

Document

Examiner DCC

Office Use Only

Updater DCC

Updater
Verifier DCC

Acknowledgement DCC

W. P. Verifier DCC



600039995906

08/11/04--01046--015 **155.00

SECRETARY OF STATE
TALLAHASSEE, FL 32399

2004 AUG 11 P 2:42

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HELLO BEAUTIFULL ! 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:

ROBERT SPECTOR
(Name of Person)

HELLO BEAUTIFULL !
(Firm/Company)

4940 SW. SAINT CREEK DR
(Address)

PALM CITY FL 34990
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT SPECTOR at (772) 288 2412
(Name of Person) (Area Code & Daytime Telephone Number)

2004 AUG 11 P 2:42
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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**

ARTICLE I - Name:

The name of the Limited Liability Company is:

HELLO BEAUTY-FULL LLC

ARTICLE II - Address:

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

Principal Office Address:

4940 SW. SAINT CREEK DR

PALM CITY FL 34990

Mailing Address:

4940 SW SAINT CREEK DR

PALM CITY FL 34990

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

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

ROBERT SPECTOR

Name

4940 SW SAINT CREEK DR

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

PALM CITY FL 34990

FLORIDA

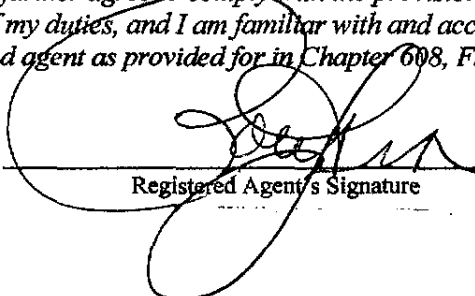
City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

004 AUG 11 P 2:42

FILED

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..


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

Name and Address:

MGR. _____

ROBERT SPECTOR

4940 SW SAINT CREEK DR

PALM CITY FL 34990

MGR _____

TERRI SPECTOR

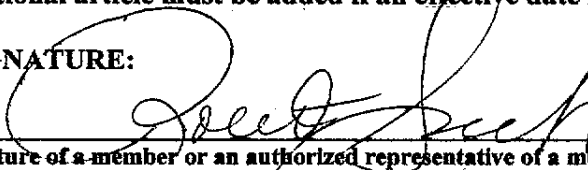
4940 SW SAINT CREEK DR

PALM CITY FL 34990

(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.)

ROBERT SPECTOR

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)

2009 AUG 11 P 2:42
SECRETARY OF STATE
TALLAHASSEE, FL 32301

FILED