

L04000061401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

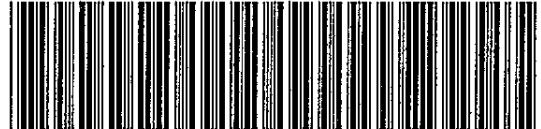
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W04-30408



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08/19/04--01005--004 **25.00

08/09/04--01058--013 **100.00

TALLAHASSEE, FLORIDA

04 AUG 18 AM 10:17

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NAILS L'AMOUR, 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:

TONY P. TRUONG
(Name of Person)

NAILS L'AMOUR
(Firm/Company)

5969 STIRLING RD.
(Address)

DAVIE, FLORIDA 33314
(City/State and Zip Code)

For further information concerning this matter, please call:

ROGER TRUONG at (954) 321-5959
(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

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 10, 2004

TONY P TRUONK
5969 STIRLING ROAD
DAVIE, FL 33314

SUBJECT: NAILS L'AMOUR LLC
Ref. Number: W04000030408

We have received your document for NAILS L'AMOUR LLC and your check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$25.00.

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) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 504A00049510

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

NAILE L'AMOUR, LLC

ARTICLE II - Address:

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

Principal Office Address:

5969 STIRLING RD.

DAVIE, FL 33314

Mailing Address:

7280 STIRLING DR. #110

DAVIE, FL 33024

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

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

TONY P. TRUONG
Name

7280 STIRLING DR. #110
Florida street address (P.O. Box **NOT** acceptable)

DAVIE FLORIDA 33314
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..

Tony Truong
Registered Agent's Signature

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CLERK OF COURT
FLORIDA
LAHASSEE, 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:

MGR

ROGER TRUONG

7280 STIRLING RD. #110

DAVIE, FL 33314

MGR

THUONG T. HO

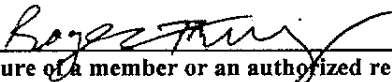
7280 STIRLING RD #110

DAVIE, FL 33314

(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.)

ROGER TRUONG
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)

CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

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