

L0400007071

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2004 SEP 21 P 3:19

SECRETARY OF STATE  
(Requestor's Name) ALABAMA, FLORIDA

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PICK-UP



WAIT



MAIL

(Business Entity Name)

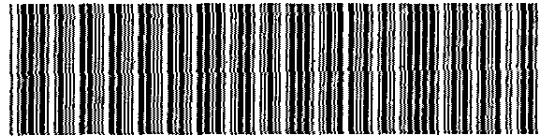
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W004-33373  
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FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

FILED

2004 SEP 21 P 3:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

September 2, 2004

CHRISTOPHER D. SLANEY  
10430 HWY U.S. 19  
PORT RICHEY, FL 34668

SUBJECT: FOUR LEAF DAY SPA LTD.  
Ref. Number: W04000033373

We have received your document for FOUR LEAF DAY SPA LTD. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

The registered agent must sign accepting the designation.

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

Agnes Lunt  
Document Specialist

Letter Number: 004A00053364

**TRANSMITTAL LETTER**

**FILED**

**TO:** Registration Section  
Division of Corporations

2004 SEP 21 P 3:19

**SUBJECT:** Four Leaf Day Spa Ltd.  
(Name of Limited Liability Company)

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:

Christopher D. Slaney

(Name of Person)

Four Leaf Day Spa Ltd.

(Firm/Company)

10430 Hwy U.S.19 ,Port Richey,Fl. 8 34668

(Address)

Port Richey, Fl. 34668

(City/State and Zip Code)

For further information concerning this matter, please call:

Christopher Slaney

(Name of Person)

at ( 727 ) 992-1446

(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, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Four Leaf Day Spa Ltd. CO.

**ARTICLE II - Address:**

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

**Principal Office Address:**

10430 Hwy U.S.19

Port Richey, FL 34668

**Mailing Address:**

10430 Hwy.U.S.19

Port Richey, FL. 34668

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

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

Christopher D. Slaney

Name

10430 Hwy U.S.19

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

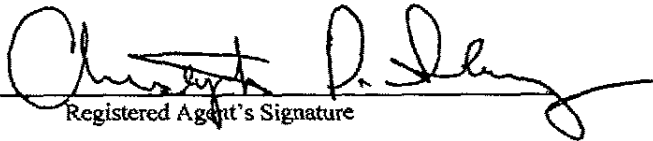
Port Richey

FLORIDA

34668

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..*

  
Registered Agent's Signature

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

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

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**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MGRM  
Christopher D. Slaney

Christopher D. Slaney

10430 Hwy. U.S. 19

Port Richey, Fl. 34668

(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.)

Christopher D. Slaney

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)