

407-843-4444

10/28/2004 4:52

PAGE 1/3

RightFax

Division of Corporations

Page 1 of 1

FILED

Florida Department of State  
Division of Corporations  
Public Access System

2004 OCT 28 A 10:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H04000216071 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 205-0383

From: GAIL S. ANDRE

Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.  
Account Number : 072720000036  
Phone : (407) 843-4600  
Fax Number : (407) 843-4444

PLEASE ARRANGE FILING OF THE ATTACHED ARTICLES OF ORGANIZATION AND RETURN A CERTIFICATION TO ME AS SOON AS POSSIBLE. THANK YOU.

LIMITED LIABILITY COMPANY

AMARIS SALON & DAY SPA, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$153.00

AL

RECEIVED

04 OCT 28 PM 4:59

DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing

Public Access Help

H04000216071 3

FILED

**ARTICLES OF ORGANIZATION  
OF  
AMARIS SALON & DAY SPA, LLC**

2004 OCT 28 A 10: 22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - NAME**

The name of this limited liability company is AMARIS SALON & DAY SPA, LLC (the "Company").

**ARTICLE II - PRINCIPAL OFFICE**


The mailing address and street address of the principal office of the Company is 3400 Michigan Street, Lake Mary, Florida 32746.

**ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of the Company is 215 North Eola Drive, Orlando, Florida 32801 and the name of the initial registered agent of the Company at that address is Julia L. Frey.

**ARTICLE IV - MANAGEMENT**

The Company is to be managed by one or more members and is, therefore, a member-managed company.

  
\_\_\_\_\_  
Signature of a Member or an Authorized  
Representative of a Member

Julia L. Frey  
\_\_\_\_\_  
Typed or Printed Name of Signer

**ACCEPTANCE OF REGISTERED AGENT**

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.

  
\_\_\_\_\_  
Julia L. Frey