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(Requestor's Name)	····
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# TRANSMITTAL LETTER

	Registration Se Division of Co					
SUBJEC	r: Ocean Ea	ast Salon (Name of Limite	d Liability Com	pany)		<del></del>
The enclo	sed Articles of	f Organization and fee(s) are s	ubmitted for fili	ng.		
Please ret	urn all corresp	ondence concerning this matte	er to the followin	ıg:		
	Nancy La	ouran				
	THAT IOY L		Name of Person)	<del></del>		
		·	•			2005 FEB   Z PM 3: 19
_	_					E F
Ocean	East Salon		Firm/Company)		·	
		(.	rmu/company)			SSF 6
						理里
	15574 92nd	Way North				_ TOS 42
			(Address)			RBC 19
						P T
	Jupite	er, FL 33478				
	<u></u>		State and Zip Coo	le)		
For furthe	r information o	concerning this matter, please	call:			
Managela			- EC4	747-5761		
Nancy La		of Person)	at (561	de & Daytime Te	elephone Numbe	r)
	(1100110	····	(,		or productive state of	•
Enclosed	is a check fo	r the following amount:				
\$125.00	O Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	S155.00 I Certified Cop (additional copy	ру	S160.00 Certificate of Certified C (additional corticol)	of Status &
		ET ADDRESS:		MAILING A		
		ration Section on of Corporations	Registration Section Division of Corporations			
		Gaines Street		P.O. Box 6327		

Tallahassee, Florida 32314

Tallahassee, Florida 32399



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 15, 2005

NANCY LAUREN OCEAN EAST SALON 15574 92ND WAY NORTH JUPITER, FL 33478

SUBJECT: OCEAN EAST SALON Ref. Number: W05000007918



We have received your document for OCEAN EAST SALON 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."

You must insert the letters "MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

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) 245-6043.

Letter Number: 905A00010604

Joey Bryan Document Specialist

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

				•	
ARTICLE I - N					P. S.
The name of the	Limited Liability	Company 1	K .	ā	宝田工
Coop Foot date.			. `	A	2005 FEB 1 R PH
Ocean East Salon	CLC				一篇 2 6
ARTICLE II - A	Address:				بن الله
The mailing addr	ess and street add	ress of the p	rincipal office of	the Limited Li	ability Company is
Principal Office Address:			Mailing Addr	<b>91</b> 41	PF
14247 US Highway 1, Juno Beach, FL 33408		15574 92nd Wey	y North, Jupiter,	FL 33478	
ARTICLE III - 1	Registered Agent	t, Registere	d Office, & Regis	itared Agent's	i Signature:
The name and the	Florida street ade	dress of the	registered agent a	re:	
	Nency Lauren				
		Name	•	<del></del>	
	15674 92nd Wey	/ North			
	Pl	orida street ad	dress (P.O. Box NO)	acceptable)	
	Jupiter		FL 33478		
		City, State,	end Zip		
			accept service of p this certificate, I h		above stated limited e appointment as

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, F.S.

(CONTINUED)

Papid2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRA" = Manager	Name and Address:
"MGRM" = Managing Member	,
MGR	Nancy Lauren
	15574 92nd Way North
	Jupiter, FL 33478
	The state of the s
MGRM	Ayekel Edgerton
	15620 92nd Way
	Jupiter, FL 33478
	<u>"</u>
	<u> </u>
	4
(Use attachment if necessary)	
NOTE: An additional article must b	e added if an effective date is requested.
REQUIRED SIGNATURE:	
1 been 1	Jaure,
Signature of a member	or an authorized representative of a member.
(In accordance with section of this document constituent that the facts stated her	ton 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury rein are true.)
NAG	NEY LAUCED
Турк	ed or printed name of signee

## Filing Foca:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- 5 5.00 Certificate of Status (Optional)