

WS000028868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

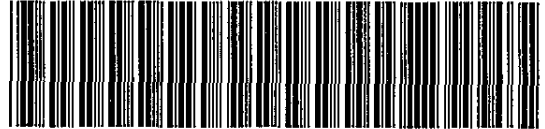
Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

FF \$125  
CUS 5.00



400045700044

03/02/05--01015--007 \*\*130.00

2005 MAR 23 PM 1:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

WS-28868  
[Signature]



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

March 3, 2005

ANH LE  
9885 COLLIER BLVD.  
NAPLES, FL 34114

SUBJECT: ANH LE DBA REGAL NAILS, LLC  
Ref. Number: W05000011181

We have received your document for ANH LE DBA REGAL NAILS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

In article I you must list the name of the llc you can not list a dba name in the name of the llc.,

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 105A00014955

2005 MAR 23 PM 1:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Anh Le DBA Regal Nails, 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:

Anh Le  
(Name of Person)

Anh Le DBA Regal Nails, LLC  
(Firm/Company)

9885 Collier Blvd  
(Address)

Naples, FL 34114  
(City/State and Zip Code)

For further information concerning this matter, please call:

Anh Le at ( 239 ) 352-1071  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**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

2005 MAR 23 PM 1:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

LE

Regal Nails, LLC

## ARTICLE II - Address:

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

### Principal Office Address:

9885 Collier Blvd  
Naples, CO 34114

### Mailing Address:

9885 Collier Blvd  
Naples, FL 34114

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

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

ANN LE

Name

9885 COLLIER BLVD

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

NAPLES, FL 34114

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, F.S.

[Signature]

Registered Agent's Signature

2005 APR 23 PM 1:58  
STATE OF FLORIDA  
FILED

(CONTINUED)

**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

ANH LE

9885 COLLIER BLVD

NAPLES, FL 34114

(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.)

Anh Le

Typed or printed name of signer

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)

2005 MAR 23 PM 1:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED