

L05000038992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

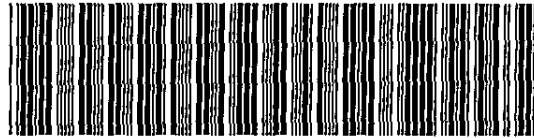
(Business Entity Name)

(Document Number)

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04/11/05--01036--023 \*\*130.00

11:20:00  
2005 APR 21 PM 1:47  
TALLAHASSEE, FLORIDA

W05-18697  
J. BROWN APR 13 2005

J. BROWN APR 21 2005

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BEAUTY WATERS, 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:

MAXIA MCKINNEY  
(Name of Person)

BEAUTY WATERS, LLC  
(Firm/Company)

2261 SOUTH SHERMAN CIRCLE, #A506  
(Address)

MIRAMAR, FL 33025  
(City/State and Zip Code)

For further information concerning this matter, please call:

MAXIA MCKINNEY at ( 954 ) 443-1584  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED  
2006 FEB 21 PM 1:47  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

April 13, 2005

MAXIA MCKINNEY  
BEAUTY WATERS, LLC  
2261 SOUTH SHERMAN CIRCLE, #A506  
MIRAMAR, FL 33025

SUBJECT: BEAUTY WATERS, LLC  
Ref. Number: W05000018697

2005 APR 21 PM 1:47  
TALLAHASSEE, FLORIDA

We have received your document for BEAUTY WATERS, 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):

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.

Joey Bryan  
Document Specialist

Letter Number: 105A00025273

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

BEAUTY WATERS, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

2261 SOUTH SHERMAN CIRCLE

#A506

MIRAMAR, FL 33025

**Mailing Address:**

SAME AS PRINCIPAL OFFICE ADDRESS

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

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

MAXIA MCKINNEY

Name

2261 SOUTH SHERMAN CIRCLE # A506

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

MIRAMAR,

FL

33025

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..*

  
Registered Agent's Signature

(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:**

\_\_\_\_\_

MGRM MM

MGRM BA

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
MAXIA MCKINNEY  
2261 SOUTH SHERMAN CIRCLE #A506  
MIRAMAR, FL 33025

\_\_\_\_\_  
\_\_\_\_\_  
ROCIO BORGHINI  
1025 WEST COUNTRY CLUB CIRCLE  
PLANTATION, FL 33317

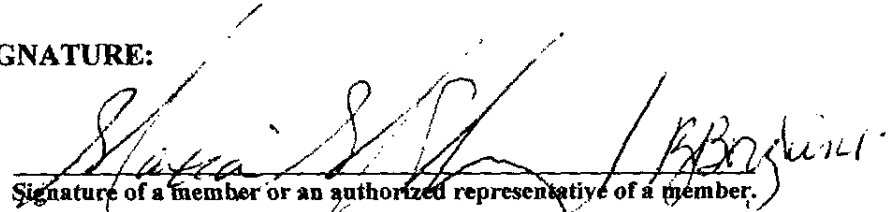
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\_\_\_\_\_  
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2005 APR 21 PM 1:47  
TALLAHASSEE, FLORIDA

(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.)

MAXIA MCKINNEY



\_\_\_\_\_  
Typed or printed name of signee

**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)**