

LOS 0000 59821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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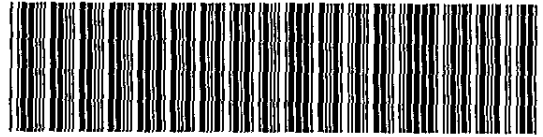
(Business Entity Name)

(Document Number)

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05 JUN 10 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6/16
[Signature]

W. FLEMMING WARD
ATTORNEY AT LAW

P.O. BOX 412
770 BALDWIN AVENUE
DEFUNIAK SPRINGS, FLORIDA 32435

(850) 892-3822
FAX (850) 892-2169

June 9, 2005

State of Florida
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

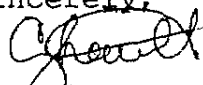
Re: L.A.G. LLC, CURVES FOR WOMEN and
LATAG LLC, MAIN STREET BEACH

To Whom it May Concern:

Attached please find the original Articles of Organization for two limited liability companies, along with a check in the amount of \$250.00 for filing.

Please return all papers to this office.

Sincerely,


Cynthia H. Hewett
Assistant to
W. Flemming Ward

/ch
attachment
curves.ltr.wpd

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
A
LIMITED LIABILITY COMPANY**

ARTICLE I

The name of this limited liability company is L.A.G. LLC,
CURVES FOR WOMEN.

ARTICLE II

The limited liability company is to exist perpetually.

ARTICLE III

The address of the principal office of the limited liability company is 1414 Main Street Suite 5, Chipley, Florida 32438.

ARTICLE IV

The name and address of its initial registered agent
LIDIA GRANDE, 1300 Highway 20 W., Freeport, Florida 32439.

ARTICLE V

The members may admit additional members upon the terms and conditions set forth at the time of the proposed admission.

ARTICLE VI

Upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member, the remaining members may continue the limited liability company.

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TALLAHASSEE, FLORIDA

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ARTICLE VII

The management of the limited liability company shall be by the members whose names and addresses are:

LIDIA GRANDE

1300 Highway 20 W.,
Freeport, FL 32439

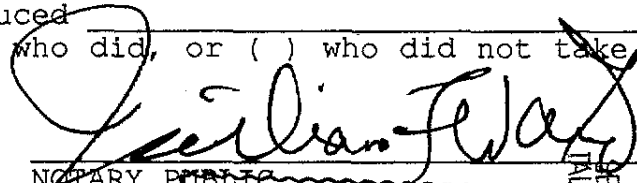


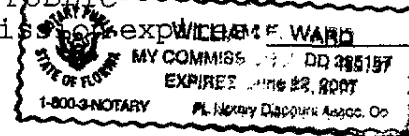
LIDIA GRANDE

STATE OF FLORIDA

COUNTY OF WALTON

The foregoing instrument was acknowledged before me this the 31 day of May, 2005 by LIDIA GRANDE, (☒) who is personally known to me, or () who produced as identification, and () who did, or () who did not take an oath. _____



NOTARY PUBLIC
My commission expires _____

WILLIAM F. WARD
MY COMMISSION NO. DD 385157
EXPIRES JUNE 23, 2007
1-800-3-NOTARY
FL. Notary Disposition Assoc. Co.

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TALLAHASSEE
FLORIDA

ACCEPTANCE OF RESIDENT AGENT

I hereby certify that I am a permanent resident of Walton County, Florida, residing at 1300 Highway 20 W., Freeport, Florida 32439. I am familiar with the obligations of a resident agent and hereby accept the foregoing designation as Resident Agent.



LIDIA GRANDE
Resident Agent