

LDS000062876

(Requestor's Name)

KRESTON Company Day Spa
2418 N. MONROE ST. Suite # 140
TALLAHASSEE, FL 32303

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

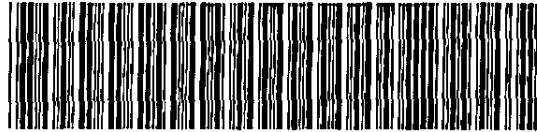
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan JUN 24 2005

Edward J. Rappaport, Esq.
Direct Dial: (404) 685-4970
Email: erappapo@burr.com

June 8, 2005

VIA FEDERAL EXPRESS

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Re: KIERSTEN AND COMPANY DAY SPA, LLC

Dear Sir/Madam:

In reference to the above entity, I am enclosing the original Articles of Organization for filing in your office. I have also enclosed a check in the amount of \$125.00, which represents the filing fees.

We request that you file the Articles of Organization, issue a Certificate of Organization and take such other actions as are required by the law to effectuate the organization of this limited liability company and return the same to my attention at the above address.

Please notify the undersigned at (404) 685-4270 if there are any questions about these documents.

Sincerely,

/s/ Edward J. Rappaport

/KYB
Enclosures

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
KIERSTEN AND COMPANY DAY SPA, LLC**

ARTICLE I - Name:

The name of the Limited Liability Company is: KIERSTEN AND COMPANY DAY SPA, LLC.

ARTICLE II - Address

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

2418 N Monroe Street, Suite 140, Tallahassee, FL 32303

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

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

Natasha Simon

2418 N Monroe Street, Suite 140, Tallahassee, FL 32303

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TALLAHASSEE, FLORIDA

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 - Natasha Simon

ARTICLE IV - Manager

The name and address of the Managers are:

Name	Address
Natasha Simon	2418 N Monroe Street, Tallahassee, FL 32303
Kiersten Walden	2418 N Monroe Street, Tallahassee, FL 32303


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.)

Natasha Simon - Member
Typed or printed name of signee