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z To:
Division of Corporations Fax Number : (850)205-0383 Division of Corporations Fax Number : (850)205-0383 Account Name : EMPIRE CORPORATE KIT COMPANY Account Number : 072450003255 Phone : (305)634-3694 Division of Corporations Account Number : 072450003255 Phone : (305)633-9696 Contemporations Contemporations Fax Number : (305)633-9696 Contemporations Contemporations From: From: Contemporations From: From: Contemporations From:
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6 <u>7</u>
LIMITED LIABILITY COMPANY

a q nails, llc

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:

A Q Nails, LLC

ARTICLE II - Address:

11631 H 9:48 The mailing address and street address of the principal office of the Limited Liability Compa

Principal Office Address:

Mailing Address:

5701 Meadhaven Street

33337

Davie, FL

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

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

Bruce	J. 1	Benenfe	ld,	P.A.		
		Name				
2 Sou	th Ur	iversi	ty	Drive,	Suite	265
	Flori	da street add	lress (9.0. Box N	OT accepta	ble)
		. 170 T	3773	-		

antation, FL 3E324 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..

gent's Signature

(CONTINUED)

Page 1 of 2



E0.9 JATOT -

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member

Name and Address:

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

يد: برد Signature of a memory or an authorized representative of a member.

Repromitive

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(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.)

Bruce J. Benenfeld Typed or printed name of signed

Fling Feest

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

Page 2 of 2

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