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| (Re                     | equestor's Name)    |          |
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| PICK-UP                 | WAIT                | MAIL     |
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| Certified Copies        | _ Certificates o    | f Status |
| Special Instructions to | Filing Officer:     |          |
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|                         | Office Use Only     |          |



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SECTIFICATION OF ST

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#### **COVER LETTER**

TO: Registration Section Division of Corporations SUBJECT: An Elite Beauty, 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: Vincent R. McGrew (Name of Person) An Elite Beauty, LLC (Firm/Company) 16765 Fishhawk Boulevard #325 (Address) Lithia, Florida 33547 (City/State and Zip Code) For further information concerning this matter, please call: 13 601-0957
(Area Code & Daytime Telephone Number) Vincent R McGrew (Name of Person) Enclosed is a check for the following amount: ✓ \$125.00 Filing Fee \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (accitional copy is enclosed)

#### **Mailing Address**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## י זייין

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is:  |  |
|--|--|
| An Elite Beauty, LLC (Must end with the words "Limited Liability Company, "Limited   | f Company" or their abbreviation "LLC," or "L.C.,")  |
| ARTICLE II - Address: The mailing address and street address of the pri  | ncipal office of the Limited Liability Company is:   |
| Principal Office Address:  | Mailing Address:   |
| 16765 Fishhawk Boulevard #325<br>Lithia, Florida 33547   | 16765 Fishhawk Boulevard #325<br>Lithia, Florida 33547   |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) | ared Agent. You must designate an individual or another the second secon |
| The name and the Florida street address of the re  | The state of the s |
| Vickie S. Grigsby Name   |  |
| 16765 Fishhawk Bouleva   | - 10   |
|  | ress (P.O. Box <u>NOT</u> acceptable)  |
| Lithia, Florida 33547  | FL   |
| City, State, ar  | eacht namice of process for the whom stated limited  |

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 a feet 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 (REQUIRED)

(CONTINUED)
Page 1 of 2

#### 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:  |
|--|--|
|  |  |
|  |  |
| MGRM   | LaSandra L. McGrew                                       |
|  | 5006 Muir Way  |
|  | Lithia, Florida 33547                                    |
| MGRM   | Vincent R. McGrew  |
|  | 5006 Muir Way  |
|  | Lithia, Florida 33547                                    |
|  |  |
|  | SEC:   |
| (Use attachment if necessary)  | HASSES   |
| TICLE V: Effective date, if other than the   |  |
| The state of the s | e specific and cannot be more than five business days pr |
| · 90 days after the date of filing.)   | 元  |

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the extention of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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)