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| (Requestor's Name) | | |
|---|-------------------|-----------|
| (Address) | | |
| (Address) | | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

AMI NAIL & SPA, LLC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for ; \$70.00 \$78.75 \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: CARLITO G. FLORES Name (Printed or typed) C. G. FLORES & RAY G. FLORES, CPA Accounting & dex Bervice 809 Beverly Pkwy Pensacola, Florida 32505 Tele. (850) 435,6845 (850) 435-68 45

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF ORGANIZATION FOR SAMI NAIL & SPA, L.L.C.

ARTICLE I. Name

The name of the Limited Liability Company is SAMI NAIL & SPA, L.L.C.

ARTICLE II. Address

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

Principal Office Address: 3 W Nine Mile Road # 1 Pensacola, Florida 32534-1265

Mailing Address: 2032 Coral Creek Drive Pensacola, Florida 32506-8252

ARTICLE III. Registered Agent, Registered Office, & Registered Agent's Signature

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

Asami Eckhardt 2032 coral Creek Drive Pensacola, Florida 32506

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 property 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

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:

Title:

Name and Address:

Managing Member

Asami Ecckhart. 2032 Coral Creek Drive Pensacola, Florida 32506 OF APR 14 PA 12: 54

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.)

<u>Asami Eckhardt, Managing Member</u> Name of signee