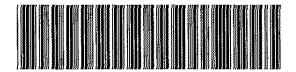
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Sterrood Lines) Harrey
(Document Number)
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SECRETARY OF SIAT

English DB

COVER LETTER

TO: Registration S Division of Co					
SUBJECT:	FX nails am (Name of Limite	d tan LLC d Liability Company)		-	
The enclosed Articles of	of Organization and fee(s) are s	submitted for filing.			
Please return all corresp	pondence concerning this matte	er to the following:			
	Phat	Viet Le Name of Person)			
F	x nails and	Tan, U.C.		·	
	5050 DAY	raus Drive (Address)		2006 AI	SECR
	Oklando PL	State and Zip Code)		AUG 29	ETARY OF
For further information	concerning this matter, please			MII: 56	SIATE
Phat	e of Person)	at (<u>407</u>) <u>9.3 –</u> (Area Code & Daytime T	SDIA- elephone Number)	-	
Enclosed is a check for	or the following amount:				
\$125.00 Filing Fee		\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Certificate of Stat Certified Copy (additional copy is en	us &	
	Mailing Address Registration Section Division of Corporations	Street/Courier Addres Registration Section			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
(Must end with the words "Limited Liability Company, "Limited	I Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	gistered agent are:
7 ruor Name	66
	ess (P.O. Box NOT acceptable)
Orlando, Mario City, State, an	FL 3783 1 d 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2



"MGR" = Manager "MGRM" = Managing Member MGRM	
MGRM	
1"10 KM	Dha+ Le
	5050 DAK TOMES DE.
	Dolando, Dr 32889
MBRM	Nanc Truppa
	10427 andown Point
	<u> </u>
MGRM	Truong Le
	5050 YOUR TOWN DE
	Uri MUN , FC > VOT
/T : 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(Use attachment if necessary)	
•	e date of filing: Angust 29 20% (OPTIO
LE V: Effective date, if other than the	e date of filing: August 29, 2006. (OPTIO
LE V: Effective date, if other than the	e date of filing: <u>August 29, 2006</u> . (OPTIO oe specific and cannot be more than five business
LE V: Effective date, if other than the fective date is listed, the date must h	oe specific and cannot be∕more than five business : ≅
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LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)	e date of filing: August 29, 2000. (OPTIOne specific and cannot be more than five business and cannot be mor

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)

Trumg Le
Typed or printed name of signee