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(City/State/Zip/Phone #)

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10/12/06

FILED  
06 OCT 16 AM 8:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Orlan OCT 17 2006

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: INDULGE HAIR SALON L.L.C.  
(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:

ANDREA FAGAN  
(Name of Person)

INDULGE HAIR SALON L.L.C.  
(Firm/Company)

2200 PORT MALABAR BLVD  
(Address)

PALM BAY FLA 32905  
(City/State and Zip Code)

For further information concerning this matter, please call:

ANDREA FAGAN at (321) 768-1722  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 27, 2006

ANDREA FAGAN 2ND ML  
2200 PORT MALABAR BLVD.  
PALM BAY, FL 32905

SUBJECT: INDULGE HAIR SALON L.L.C.  
Ref. Number: W06000040512

We have received your document for INDULGE HAIR SALON L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan  
Document Specialist

Letter Number: 306A00055446

**EFFECTIVE DATE**

10/12/06

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

INDULGE HAIR SALON L.L.C.

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

2200 PORT MALABAR BLVD.

PALM BAY

FLA 32905

2200 PORT MALABAR BLVD

FLA 32905

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

ANDREA FAGAN

Name

2200 PORT MALABAR BLVD

Florida street address (P.O. Box NOT acceptable)

PALM BAY FL 32905

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..*

✓ Andrea Fagan

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

ANDREA FAGAN  
2200 PORT MALABAR BLVD  
PALM BEACH FLA 32905

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 10-12-06 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

Andrea Fagan  
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.)

Andrea Fagan  
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)

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