

L06000108488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

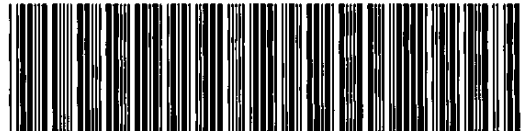
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*[Handwritten signature]*

Office Use Only



600081371056

11/09/06--01001--010 \*\*155.00

**FILED**

06 NOV -8 PM 4:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**RECEIVED**

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

2006 NOV -8 PM 3:42

TO ADDITIONAL USE  
SUFFICIENCY OF FILING

CORP DIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 11/08/06

REF. #: 001580.59912

CORP. NAME: TUSCANY SPA, LLC

FILED  
06 NOV -8 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*File first \*

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 519070 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

ARTICLES OF ORGANIZATION

FOR

Tuscany Spa, LLC

The undersigned hereby forms a limited liability company pursuant to Chapter 608, Florida Statutes

ARTICLE I - NAME

The name of the limited liability company is Tuscany Spa, LLC.

ARTICLE II - ADDRESS

The street address of the principal office of the limited liability company is 1535 Killearn Center Boulevard, Suite A5, Tallahassee, FL 32309, and the mailing address of the limited liability company is 1535 Killearn Center Boulevard, Suite A5, Tallahassee, FL 32309.

ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE & REGISTERED AGENTS SIGNATURE

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

Kevin Silver  
1535 Killearn Center Boulevard, Suite A5  
Tallahassee, FL 32309

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.

By   
It's Agent: Kevin Silver

(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 herein are true.)

By   
It's Agent: Kevin Silver  
Authorized Representative of a Member

FILED  
06 NOV -8 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA