

LD600001922682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

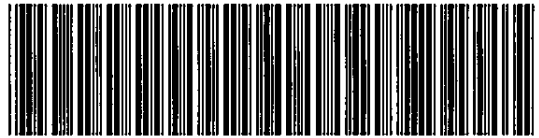
(Document Number)

Certified Copies _____ Certificates of Status _____

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500082016625

11/29/06--01008--002 **150.00

12/28/06--01035--001 **10.00

10.00 - cert

11/06-51989

SECRETARY OF STATE
TALLAHASSEE FLORIDA

06 DEC 27 PM 1:25

FILED

EFFECTIVE DATE
12-20-06

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RSVP Magic Salon^α and Hair design 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:

MARIE A SALES
(Name of Person)
POINTE UNISEX SALON
(Firm/Company)
6601 NW 23RD WAY
(Address)
BOCA RATON FL. 33496
(City/State and Zip Code)

For further information concerning this matter, please call:

MARIE SALES at (561) 708-0103
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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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

December 5, 2006

MARIE SALES
POINTE UNISEX SALON
7000 W. ATLANTIC AVE
DELRAY BEACH, FL 33446

SUBJECT: RSVP OF SOUTH FLORIDA LLC
Ref. Number: W06000051989

FILED
06 DEC 27 PM 1:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

We have received your document for RSVP OF SOUTH FLORIDA LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is no record of a Limited Liability company by this name, therefore, the amendment cannot be filed. Also, it is not clear what you want to change.,

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) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 706A00069067

Additional \$¹⁵⁰ 10- is included
\$160

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

RSVP Magic Salon & Hair design LLC

(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:**

7000 W Atlantic Ave
DelRay Beach FL 33446

Same

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:

MARIE A. SALES
Name

7000 W. Atlantic Ave
Florida street address (P.O. Box **NOT** acceptable)

DelRay Beach FL 33446
City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

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

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

Title:

"MGR" = Manager

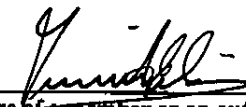
"MGRM" = Managing Member

Name and Address:MGRMARIE Sales
6601 NW 23rd Way
Boca Raton, FL 33496MGRMANGIE COOPER
312 Gorton Wood Lane
Boca Raton Beach FL 33436MGRMCHRISTIE RICHIE 2
6601 NW 23 Way
Boca Raton, FL 33496MGRMMARIE S. VICTORIN
8 A Normandy
Delray Beach FL 33484

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 12-20-06 (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:


 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.)

MARIE A SALES

Typed or printed name of signer

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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 SECRETARY OF STATE
 TALLAHASSEE FLORIDA