

LO7000036136

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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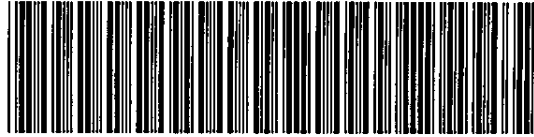
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PASSION NAILS SALON, 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:

TUAN N. MAI  
(Name of Person)

PASSION NAILS SALON, LLC  
(Firm/Company)

91 SE 1st AVENUE  
(Address)

BOCA RATON, FL 33432  
(City/State and Zip Code)

For further information concerning this matter, please call:

TUAN N. MAI at ( 954 ) 298-2037  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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**ARTICLES OF ORGANIZATION**  
**OF**  
**PASSION NAILS SALON, LLC.**

**ARTICLE I - Name**

The name of the Limited Liability Company is PASSION NAILS SALON, LLC.

**ARTICLE II - Principal Office and Address**

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

91 SE 1<sup>st</sup> AVENUE  
BOCA RATON, Florida 33432

The Managing Member (s) may, from time to time, move the principal office to any other address in the State of Florida, and establish branch offices in any places within the state of Florida, as the said Limited Liability Company desire.

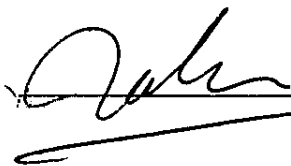
**ARTICLE III -Registered Agent, Registered Office, & Registered Agent's Signature**

The name and the Florida Address of the Registered Agent are

TUAN N. MAI  
12359 NW 27<sup>th</sup> PLACE  
Coral Springs, Florida 33065

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*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 68, F.S.*



TUAN N. MAI

DATE, 4-02-07

**ARTICLE IV - Capital Contribution**

The capital contribution of each member will be either cash or non-cash assets and can be changed as agreed by all members.

**ARTICLE V - Manager(s) or Managing member(s):**

The name and address of the Member and Managing member is as follows

KIM NGUYEN , Manager  
12359 NW 27<sup>th</sup> Place  
Coral Springs, Fl 33065

TUAN N. MAI , Managing member  
12359 NW 27<sup>th</sup> Place  
Coral Springs, Fl 33065

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(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)

X   
Signature

Tuan N. Mai

X 4-02-07  
Date

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