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**EXAMINER** 



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# TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	YNNE NAILS, L	. L.C.		
SUBJECT: LYNNE NAILS, LLC  (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
Enclosed is an orig	inal and one(1) copy of the artic	cles of incorporation and a	check for:	
\$70.00	□ \$ <del>78.75</del> 125.00	\$78.75	<b>□</b> \$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
-	& Certificate of Status	& Certified Copy	Certified Copy	
		1	& Certificate of	
		•	Status	
		ADDITIONAL COPY REQUIRED		
FROM: CARLITO G. FLORES				
Name (Printed or typed)				
809 BEVERLY PARKWAY				
Address				
PENSACOLA, FLORIDA 32505				
City, State & Zip				
850-435-6845				
Daytime Telephone number				

# C. G. FLORES & RAY G. FLORES, CPA

Accounting & Tax Service 809 Beverly Pkwy Pensacola, Florida 32505 Tele. (850) 435-6845

NOTE: Please provide the original and one copy of the articles.

### ARTICLES OF ORGANIZATION FOR LYNNE NAILS LLC

### ARTICLE I. Name

The name of the Limited Liability Company is LYNNE NAILS LLC.

### **ARTICLE II. Address**

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

Principal Office Address: 2057 Downing Drive Pensacola, Florida 32505

Mailing Address: 2057 Downing Drive Pensacola, Florida 32505

## ARTICLE III. Registered Agent, Registered Office, & Registered Agent's Signature

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

Lily Ha Le
2057 Downing Drive
Pensacola, Florida 32505

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 property 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

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:

Name and Address:

. Managing Member

Lily Ha Le 2057 Downing Drive Pensacola, Florida 32505

REQUIRED SIGNATURE:\

Lily Ha Le

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.)

Lily Ha Le, Managing Member

Name of signee