108000045162

•				
	(Reques	tor's Name)		
	(Address	· · · · · · · · · · · · · · · · · · ·		
•				
	(Address	<u> </u>		
	`	,		
	(City/Sta	te/Zip/Phone	, #\	
	(City/Sta	te/Zip/Filone	= #)	
PICK-UF	, г	WAIT	MAIL	
—	_	-	_	
	/m :			
	(Busines	s Entity Nan	ne)	
(Document Number)				
Certified Copies		Certificates	of Status	

Special Instructions to Filing Officer:

L. SELLERS

MAY - 6 2008

EXAMINER

Office Use Only



200128486002

05/05/08--01052--016 **125.00

SECRETARY OF STATE
TALL AHASSEF, FLORIDA

TEU

COVER LETTER

	gistration Section vision of Corporations	
CUDIECT.	We Three Sisters Wi	th A Tan. LLC
SUBJECT:		ed Liability Company)
The enclosed	d Articles of Organization and fee(s) are	submitted for filing.
	n all correspondence concerning this mat	·
Hil	ary Ross Wyburn	
	dry 11000 11 your	(Name of Person)
		(Firm/Company)
10	23 Casuarina Road #	5
		(Address)
De	elray Beach, FL 33483	y/State and Zip Code)
	(Cit	y/state and ZIP Code)
For further in	nformation concerning this matter, please	e call:
Hilary l	Ross Wyburn	at (561) 703-7918
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is	a check for the following amount:	
✓ \$125.00 Fi	iling Fee \$\sum \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICL	EI	-	N	aı	me	2:
The name	Λf	th	A	Ι.	in	٠.

The name of the Limited Liability Company is:

We Three Sisters With A Tan, LLC

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

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:	
1023 Casuarina Road #5	same	
Delray Beach, FL 33483		

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:

Hilary	Ross	Wyburn	
		Name	

1023 Casuarina Road #5

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

Delray Beach, FL 33483
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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

2008 MAY -5 PM 1: 19

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

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

•	Title: "MGR" = Mana "MGRM" = Mar		Name and Address:	
	MGRM		Hilary Ross Wyburn 1023 Casuarina Road #5 Delray Beach, FL 33483	
	MGRM [*]		Victoria Ross 1023 Casuarina Road #4 Delray Beach, FL 33483	
•	MGRM		Kathryn Ross 1023 Casuarina Road #2 Delray Beach, FL 33483	
				
(If an e		date, if other than the datested, the date must be sp	e of filing: (ecific and cannot be more than five bu	(OPTIONAL) Isiness days prior
	REQUIRED SI		an authorized representative of a member.	
			of 608.408(3), Florida Statutes, the execution is an affirmation under the penalties of perjury in are true.) or printed name of signee	200 7A1

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)

2008 HAY -5 PH 1: 19
SECRETARY OF STATE