Division of Corporations Public Access System

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(((H08000147998 3)))



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To:

Effective Date 06/09/08

From:

Account Name : FILINGS, INC. Account Number: 072720000101 : (85A)385-6735

Division of Corporations Fax Number : (850) 617-6383

Fax Number

: (954)641-4192

ORIDA/FOREIGN LIMITED LIABILITY CO.

BIKINI TUMMY TUCK, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing

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JUN 1 1 2008

EXAMINER

6/9/2008

408000147998

Effective Date 06/09/08

LORIDA LIMITED LIABILITY COMPANY
· 6:
hility Company, "L.L.C.," or "L.LC.")
principal office of the Limited Liability Company is:
Mailing Address:
6280 Sunsat Drive
Suite 108
South Mismi, Florida 33143
ed Office, & Registered Agent's Signature: istered Agent. You must designate an individual or another registered agent are:
tegisteten agent ale:
sq.
C
PH 2-C

Coral Gables, Florida 33134

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..

Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

1108000147998

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:
MGR	Jose Scier-Baillo
	6230 Sunset Drive, Suite 408
	South Miami, Florida 33143
a	
(Use attachment if necessary)	

ARTICLE V: Effective date, if other than the date of filing: June 9th, 2008 (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 of 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 heroin are true.)

H. Jeffrey Cutler, Esq.

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

5 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)

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SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

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