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(City/State/Zip/Phone #)

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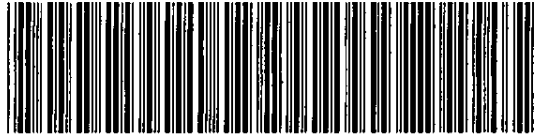
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MAR 31 2009

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EXCEL TANNING AND HAIR DESIGN, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Darryl J. Tompkins  
Darryl J. Tompkins, P.A.  
P. O. Box 519  
Alachua, Florida 32616

For further information concerning this matter, please call:  
Darryl J. Tompkins at 386-418-1000

Enclosed is a check for the following amount:

\$125.00 Filing Fee	\$130.00 Filing Fee & <small>Certificate of Status</small>	\$155.00 Filing Fee & <small>Certified Copy (additional copy is enclosed)</small>	\$160.00 Filing Fee, <small>Certificate of Status &amp; Certified Copy (additional copy is enclosed)</small>
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STREET ADDRESS: MAILING ADDRESS:  
Registration Section  
Division of Corporations  
409 E. Gaines Street /P.O. Box 6327  
Tallahassee, Florida 32399/ Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EXCEL TANNING AND HAIR DESIGN, LLC

ARTICLE II - Address: 2807 NW 142 Avenue, Gainesville, Florida 32609

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

Principal Office Address:

2807 NW 142 Avenue  
Gainesville, Florida 32609

Mailing Address:

Post Office Box 1733  
Alachua, Florida 32616


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

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

Shirley A. Johnson  
2807 NW 142 Avenue  
Gainesville, Florida 32609

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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 608, F.S..

  
Shirley A. Johnson

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:

"MGR" = Manager


"MGRM" = Managing Member

MGRM

Shirley A. Johnson  
Post Office Box 1733  
Alachua, Florida 32616

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

  
Shirley A. Johnson

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.

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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