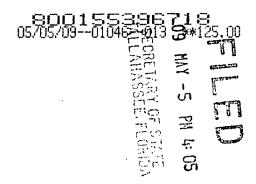
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
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S. HAWKES

MAY 0 8 2009

EXAMINER

COVER LETTER

to:	Registration Secti Division of Corpo			,	
CHE	ECT: Ahhhh M	assage! LLC.			,
3016		(Name of Limit	ed Liability Compa	ny)	
The e	nclosed Articles of Or	ganization and fee(s) are	submitted for filing	;.	
Please	e return all correspond	ence concerning this mat	ter to the following:	:	
	David Lipps				
			(Name of Person)		
	the same of the sa		··· <u>-</u>		
			(Firm/Company)		
	1500 Bass E	Blvd.			
			(Address)		
	Dunedin, FL	34698			
		(Cit	ty/State and Zip Code)	
For fu	urther information con	cerning this matter, pleas	e call:		
Dav	vid Lipps	at (743-2160)	
,	(Name of I	Person)	(Area Code	e & Daytime Tele	phone Number)
Enclo	osed is a check for th	e following amount:		,	
✓\$ 125		\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Copy (additional copy	ру	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	F I F	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Callahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Address on Section of Corporations uilding cutive Center Ci ee, FL 32301	rcle

RTICLES OF ORGANIZATION FOR 1	FLORIDA LIMITED LIABILITY COMPAN
ARTICLE I - Name:	三人名
The name of the Limited Liability Company	is:
Ahhhh Massage! LLC.	
(Must end with the words "Limited Lia	shility Company "L.I.C." or "LI.C."
(man one man die motes sammes sa	winy company, bision, or bisc.)
ARTICLE II - Address:	
The mailing address and street address of the	principal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
David Lipps	David Lipps
1500 Bass Blvd.	1500 Bass Blvd.
Dunedin, FL 34698	Dunedin, FL 34698
David Lipps	
Nan	ne
1500 Bass Blvd.	·
Florida street	address (P.O. Box NOT acceptable)
Dunedin, FL 34698	_
	B FL
City, State	FL e, and Zip
Having been named as registered agent and t liability company at the place designated i registered agent and agree to act in this capa statutes relating to the proper and complete	e, and Zip to accept service of process for the above stated liming this certificate, I hereby accept the appointment accity. I further agree to comply with the provisions of the performance of my duties, and I am familiar with a
Having been named as registered agent and t liability company at the place designated i registered agent and agree to act in this capa statutes relating to the proper and complete	e, and Zip to accept service of process for the above stated limit in this certificate, I hereby accept the appointment ascity. I further agree to comply with the provisions of performance of my duties, and I am familiar with acceptance agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

REQUIRED SIGNATURE

to or 90 days after the date of filing.)

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 herein are true.)

David Lipps

Typed or printed name of signee

Filing Fees:

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

- \$ 30.00 Certifled Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)