

L09000068908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

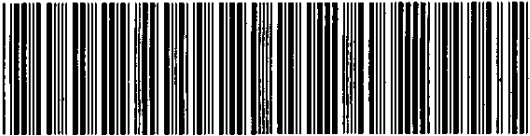
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2009 JUL 16 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
JUL 17 2009
EXAMINER

spa

From: jemarddayspa@aol.com
Sent: Tuesday, July 14, 2009 11:21 AM
To: spa
Subject: letter

Kevin Steinke/Jim Williams
2700 N. Atlantic Avenue
Daytona Beach, FL 32118

July 14, 2009

I have released the name Terra Acqua Day Spa. Please see attached Articles of Dissolution. You have my permission to use the name Terra Acqua Day Spa.

Should you have any questions, please don't hesitate to email or call me.

Kind regards!

Jessica Emard
407-797-7762

A Good Credit Score Is 700 or Above.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 8, 2009

JESSICA EMARD
281 WESCLIFF DR
OCOOEE, FL 34761

Re: Document Number P07000129659

The Articles of Dissolution dissolving TERRA ACQUA DAY SPA INC, a Florida corporation, were filed on July 6, 2009.

Should you have any questions regarding this matter, please telephone (850) 245-6050, the Amendment Filing Section.

Cheryl Coulliette
Regulatory Specialist II
Division of Corporations

Letter Number: 009A00023385

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Terra Acqua Day Spa, 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:

2700 North Atlantic Avenue
Daytona Beach, FL 32118

2700 North Atlantic Avenue
Daytona Beach, FL 32118

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:

Kevin Steinke

Name

1458 Ocean Shore Blvd Suite 148

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

Ormond Beach, FL 32176

City, State, and Zip

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TALLAHASSEE, FLORIDA

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.

Kevin Steinke

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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:

MGRM

James Williams

1458 Ocean Shore Blvd Suite 148

Ormond, Beach 32176

MGRM

Kevin Steinke

1458 Ocean Shore Blvd Suite 148

Ormond, Beach 32176

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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 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.)

Kevin Steinke

Typed or printed name of signer

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)