

**L09000083924**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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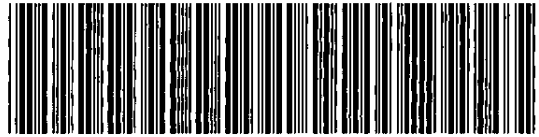
(Business Entity Name)

(Document Number)

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

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**FILED**  
2009 AUG 28 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**

**AUG 31 2009**

**EXAMINER**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AMANDA LYNN SALON SERVICES LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

AMANDA LYNN BELINDER  
Name of Person

\_\_\_\_\_  
Firm/Company

10277 SW 57<sup>th</sup> CT.  
Address

COOPER CITY, FL 33328  
City/State and Zip Code

AARON BREWER34@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AARON BREWER at ( 321 ) 278-4033  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, 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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Amanda Lynn Shon Services LLC

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

ARTICLE II - Address:

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

Principal Office Address:

8620 GRIFFIN RD.  
COOPER CITY FL 33326

Mailing Address:

10277 SW 57TH CT.  
COOPER CITY FL 33326

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:

The Law Offices of Nick Spradlin, PLLC  
Name:

2000 N. Dale Mabry Hwy Ste 110

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

Tampa FL 33612

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.

Nick Spradlin Esq  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

AMANDA LYNN BELLINDER  
10277 SW 57TH CT.  
COOPER CITY, FL 33328

MGR

AARON BREWER  
3725 W. CITRUS TRAIL  
DAVIE, FL 33328

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(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.)

Amanda Bellinder  
\_\_\_\_\_  
Typed or printed name of signee

**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)**