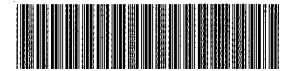
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(Re	equestor's Name)	
(Ac	ddress)	
. (Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	me) ·
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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2003 AUG 28 PH 2: 07
SECRETARY OF STATE
SECRETARY OF STATE

C. LEWS

AUG 3 1 2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations				.	
CIID IP	CT: BACK TO PERFEC	TION LL	С			
SUBJECT: Name of Limited Liability Company)						
The enc	losed Articles of Organization and fe	c(s) are submit	ted for filin	Œ.		
	eturn all correspondence concerning t	~ ~		_		
	TIMOTHY P CARROLL					
-			of Person)			
	BACK TO PERFECTIO	N				
=		(Firm/	Company)		,	
	12705 82ND LANE NO	RTH				
-		(A	ikiress)			
,	WEST PALM BEACH F	FL 33412				
-	······································	(City/State	and Zip Cod	0)		
For furt	her information concerning this matte	r, please call:				
TIM	OTHY P CARROLL	et (561	, 793-2632		
	(Name of Person)		(Area Coo	le & Daytime Telep	hone Number)	
Enclos	ed is a check for the following ame	ount:				
✓\$ 125.0	00 Filing Fee \$\bigs\square\$130.00 Filing l Certificate of St	atus C	55.00 Filin Certified Co additional cop	ppy	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration Section Division of Corpo P.O. Box 6327 Tallahassoc, FL 32	rations	Registrate Division Clifton 1 2661 Ex	courier Address ion Section of Corporations Building ecutive Center Circsee, FL 32301	role	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Compa	ny is:	
BACK TO PERFECTION LI	L-C	
(Must end with the words "Limited	d 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:	
12705 82ND LANE NORTH	12705 82ND LANE NORTH	
MEGT DALM DEACH EL 20442	WEST DALM DEACH EL 22442	
WEST PALM BEACH PL 33412	WEST PALM BEACH FL 33412	
ARTICLE III - Registered Agent, Registered Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of	stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual or snother.	F)
ARTICLE III - Registered Agent, Registered Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of the company cannot serve as its own business entity with an active Florida registration.)	stered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another of the registered agent are:	FIL
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of TIM CARROLL	stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual or snother of the registered agent are:	FILE
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of TIM CARROLL 12705 82ND LA	stered Office, & Registered Agent's Signature: In Registered Agent. You must designate an individual or another If the registered agent are: NE NORTH	**
12700 02ND LA	stered Office, & Registered Agent's Signature: In Registered Agent. You must designate an individual or another If the registered agent are: Name NE NORTH The registered agent acceptable in the registered acceptable in the registered agent acceptable in the registered acceptable in the registered acceptable in the registered acceptable in the registered accep	FILED
12700 02ND LA	roet address (P.O. Box NOT acceptable)	••

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.

Registered Agent's Signature (REQUIRED)

FILED

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

The name and address of each Manager or Managing Member is as follows: 07

		7003 HOT -				
<u>Title:</u>	Name and Address:	SECRETARY OF STATE TALLAHASSEE, FLORID				
"MGR" = Manager		TALLAHASSEE, FLORID				
"MGRM" = Managing Member		[
MANGER	TIM CARROLL					
	12705 82ND LANE NORTH					
	WEST PALM BEACH FL. 33412	2				
	`					
49-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1						
•						
		•				

(Use attachment if necessary)						
•	C-n(-n6	·				
TICLE V: Effective date, if other than the	date of filing:	(OPTIONAL)				
an effective date is listed, the date must be	e specific and cannot be more th	an five business days prior				
or 90 days after the date of filing.)						
REQUIRED SIGNATURE:						
	Carrole					
Signature of a member or an authorized representative of a member.						

Filing Fees:

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

that the facts stated herein are true.)
TIMOTHY P CARROLL

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee