(Requestor's Name)
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COVER LETTER

TO:	Registration Division of C				
SUBJE	СТ:	WEASNA (CHAN NAIL SALON	LLC.	
		Name of Limit	ted Liability Company		
The end	closed Articles	of Organization and fee(s) are	submitted for filing.		
Please r	eturn all corres	spondence concerning this mat	ter to the following:		
<u>-</u>	Weasna Chan				
			Name of Person	LC A	
		WEASNA C	HAN NAIL SALON LLO	2010 JAN 2 I	
_			Firm/Company	ET C	
		1400 N.W. 13TH ST. APT.33			
-		**************************************	Address	ATE A	
Boca Raton FL. 33486					
City/State and Zip Code					
-		E-mail address: (to be used	for future annual report notification	on)	
For furt	her information	n concerning this matter, pleas	e call:		
	We	asna Chan	at (561)	862-8911	
	Name	e of Person	Area Code & Daytime	Telephone Number	
Enclose	ed is a check t	for the following amount:			
] \$125.0	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 Add Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SALON LLC. ty Company," "L.L.C.," or "Ll.C.")		
ncipal office of the Limited Liability Company is:		
Mailing Address:		
1400 NW. 13TH St. APT 33 Boca_Raton_EL_33486 Office, & Registered Agent's Signature: ared Agent. You must designate an individual or another		
egistered agent are: CHAN CH		
CHAN SA E T		
SER		
CHAN ASSET OF STAPT33		

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)

(CONTINUED)

Page 1 of 2

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

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

	<u> </u>	_
	SEE, FLO	
	SEE, FLO	_
	EX Expression	
	<u> </u>	K X
		
	Om .	2
		
(Use attachment if necessary)		

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.)

WEASNA CHAN
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)