

L10000056147

(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:

Office Use Only



400181177504

05/24/10--01027--001 **130.00

FILED
10 MAY 24 PM 2:24
TALLAHASSEE, FLORIDA

D. BRUCE

MAY 25 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Crystal Lake Nail & Spa, LLC

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

Please return all correspondence concerning this matter to the following:

Kim Loan Le
45 W. Crystal Lake St.
Suite 189
Orlando, FL 32806

For further information concerning this matter, please call:

Kim Loan Le, telephone number (407) 968-2775

Enclosed is a check for the following amount: \$130.00 Filing Fee & Certificate of Status

Mailing Address Street
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
10 MAY 24 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of the Limited Liability Company is: Crystal Lake Nail & Spa, LLC

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is: 45 W. Crystal Lake St., Suite 189, Orlando, FL 32806

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

Kim Loan Le
45 W. Crystal Lake St.
Suite 189
Orlando, FL 32806

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

FILED
10 MAY 24 PM 2:24
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV- MANAGER OR MANAGING MEMBERS

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Kim Loan Le

MGRM

Kenny B. Huynh

REQUIRED SIGNATURE


Name: _____

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.)

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)

FILED
10 MAY 24 PM 2:24
CLERK OF STATE
TALLAHASSEE, FLORIDA