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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUN 16 PM 6:44

T. HAMPTON

JUN 18 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LUXE SALON AND MEDICAL SPA OF TALLAHASSEE 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:

MEHRAN P. GHAZVINI

Name of Person

PREMIER HEALTH CLINIC & REHAB

Firm/Company

2820 REMINGTON GREEN CR

Address

TALLAHASSEE, FL 32308

City/State and Zip Code

WSSMITH5@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SUE D. SMITH

Name of Person

at (850)

562-7338

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LUXE SALON AND MEDICAL SPA OF TALLAHASSEE, 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:

1350 TIMBERLANE ROAD SUITE #205
TALLAHASSEE, FL 32312

Mailing Address:

2820 REMINGTON GREEN CR
TALLAHASSEE, FL 32308

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:

SUE D. SMITH

Name

5073 FLAGSTONE CT.

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

TALLAHASSEE

FL

32303

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..

Sue D. Smith

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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10 JUN 16 PM 6:44

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

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

Title:

Name and Address:

MANAGING MEMBER

MEHRAN P. GHAZVINI

2820 REMINGTON GREEN CIRCLE
TALLAHASSEE FL. 32308

MEMBER

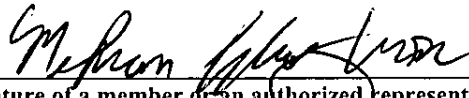
LISA D. BOYCE

2820 REMINGTON GREEN CIRCLE
TALLAHASSEE FL. 32308

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JUNE 17 2010 (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.)

MEHRAN GHAZVINI

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)

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