Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000211080 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : KOUTOULAS & RELIS, LLC

Account Number : 120070000005 Phone : (954) 332-1345

Fax Number : (954)332-1346

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

FLORIDA LIMITED LIABILITY CO. Samantha Lehrhoff Facial Specialist, LLC

1	
0	
01	
\$130.00	

J. SAULSBERRY **EXAMINER** 

SEP 27 2010

Electronic Filing Menu Corporate Filing Menu

Help

Fax Audit # . H1000021180 3

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

>>

ARTICLE I - Name:

The name of the Limited Liability Company is:

Samantha Lehrhoff Facial Specialist, LLC

ARTICLE II - Address:

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

6051 North Ocean Drive #1106 Hollywood, FI 33019

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Steven Relis, Koutoulas and Relis, LLC
Name

1776 N Pine Island Blvd. Suite 316
Florida street address (P.O. Box NOT acceptable)

Plantation, Florida 33322 City, State, and Zip 2010 SEP 24 AM 10: 58
SECRETAGY OF STATE
PALLAHASSEE, FLORIDA

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

Fax Audit # H100021180 3

## Article IV - Management (Check box if applicable.):

The Limited Liability Company is to be managed by one or more members and is, therefore, a member managed company.

Samantha Lehrhoff - Managing Member 6051 North Ocean Drive #1106 Hollywood, FL 33019

(An additional article must be added if an effective date is requested)

Signature of a member of an authorized representative of a nameber.

(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.)

Section 1. Typed or printed name of signature 1. Typed or printed name 1. Typed or printed name