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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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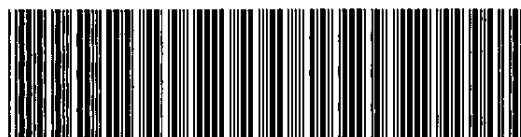
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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T. CLINE

NOV 17 2010

EXAMINED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 NOV 16 PM 3:53

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 8, 2010

LATARSHA KELLY
1350 NE 50TH COURT #302
OAKLAND PARK, FL 33334

SUBJECT: SOUTH BEACH DAY SPA LLC
Ref. Number: W10000052127

We have received your document for SOUTH BEACH DAY SPA LLC and your check(s) totaling \$165.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on November 5, 2010. Please amend your document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 410A00026206

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STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: South Beach Day Spa 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:

Latarsha R. Kelly
Name of Person

South Beach Day Spa LLC.
Firm/Company

1350 NE 50th Court #302
Address

Oakland Park, Florida 33334
City/State and Zip Code

Chanelpearl2003@yahoo.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Latarsha R. Kelly at (954) 825 3295
Name of Person 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

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TALLAHASSEE, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

South Beach Day Spa "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 NE 50th COURT
Apartment 302
OAKLAND PARK, FL 33334

Mailing Address:

1350 NE 50th COURT
Apartment 302
OAKLAND PARK, FL 33334

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:

LATARSHA R. KELLY

Name

1350 NE 50th COURT #302

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

OAKLAND PARK FL 33334

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.

Latarsha R. Kelly

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

" MGRM "

Latarsha R. Kelly
1350 NE 50th Court Apt. 302
Oakland Park, FL 33334

" MGRM "

Jorune Simpkins
3421 ROZELLA Way
Loganville, Ga. 30052

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11-17-2010 (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:

Latarsha R. Kelly
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.)

Latarsha R Kelly
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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA