

L10000127230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

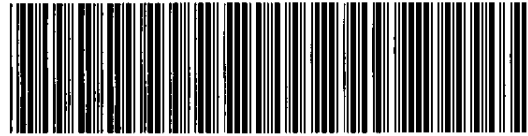
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900187752719

12/10/10--01026--005 **51.25

11/16/10--01021--021 **78.75

✓✓✓

RECEIVED
DIVISION OF CORPORATIONS
10 DEC -8 AM 8:31

FF \$125
CUS 5

B. ~~Reed~~ DEC 13 2010

4010-5434



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 18, 2010

ZEINA ALNAJM BENNI
235 W BRANDON BLVD, SUITE 239
BRANDON, FL 33511

SUBJECT: PURE SKIN MEDICAL SPA, LLC
Ref. Number: W10000054301

We have received your document for PURE SKIN MEDICAL SPA, LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

An effective date may be added to the Articles of Incorporation if a 2011 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

Please return the corrected original and one copy of 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) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 710A00027175

Zeina Alnajm Benni
Pure Skin Medical Spa, LLC
235 W Brandon Blvd, Suite 239
Brandon, FL 33511

Cell Ph 813 375 2881

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
(850) 245-6052

Dear Sir/Madam,

Document # W 10000054301

Nov27, 2010

I have recently filed a form to register Pure Skin Medical Spa, LLC. Unfortunately I filed the wrong form "INSTRUCTIONS FOR A PROFIT CORPORATION." along with \$78.75. Today I found out that I should have submitted a different form for LLC with \$130.00. I have already got a Tax ID number 274007387

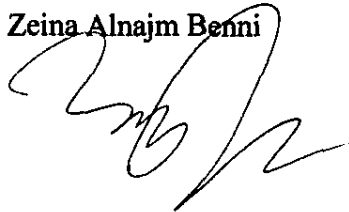
Please find enclosed a difference in filing fee $130 - 78.75 = \$51.25$

Please let me know if there is anything else I need to do.

Thanks

Sincerely yours

Zeina Alnajm Benni



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pure Skin Medical Spa, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Zeina Alnajm Benni

Name of Person

Firm/Company

235 W Brandon Blvd, Suite 239

Address

Brandon, FL 33511

City/State and Zip Code

abdulbenni@yahoo.com, CC: zienabenni@gmail.com

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

For further information concerning this matter, please call:

Abd Alrahman Benni

Name of Person

at (813) 433 1113

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:

Pure Skin Medical 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:

132 S Moon Ave
Brandon, FL 33511

Mailing Address:

235 W Brandon Blvd, Suite 239
Brandon, FL 33511

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:

Zeina Alnajm Benni

Name

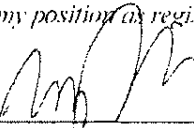
235 W Brandon Blvd, Suite 239

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

Brandon FL 33511

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

10 DEC -8 AM 8:31

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

Abd Alrahman Benni

235 W Brandon Blvd, Suite 239

Brandon, FL 33511

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Zeina Alnajm Benni

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)