

L11000022530

BeBe Nail Spa, LLC  
Kim Anh Thi Nguyen  
3872 SW Kolsted Street  
Port St. Lucie, FL 34953

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

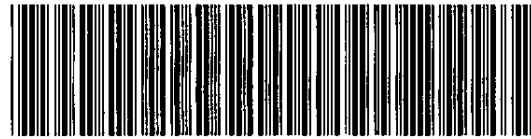
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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01/11/11--01011--014 \*\*130.00

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 FEB 22 AM 8:36

T. HAMPTON  
FEB 23 2011  
EXAMINER

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## TRANSMITTAL LETTER

TO: Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

DATE: 2 - 16 - 11

SUBJECT: **BeBe Nail Spa, LLC – Correction on Articles**

The enclosed (corrected) Articles of Organization and one copy are submitted for filing. You will notice that Article VI has been changed to show the date of filing is the effective date (per your letter dated Jan. 12, 2011). Please return one stamped copy of the enclosed Articles of Organization, Certificate of Status and all correspondence concerning this matter to the following:

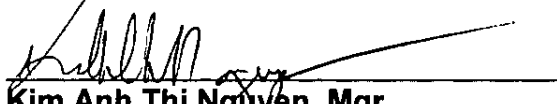
**BeBe Nail Spa, LLC  
Kim Anh Thi Nguyen  
3872 SW Kolsted Street  
Port St. Lucie, FL 34953**

A check for \$130.00 was previously mailed to you and received on 1/11/2011 for the following items:

<input checked="" type="checkbox"/>	\$100.00	<b>Filing Fee</b>
<input checked="" type="checkbox"/>	\$ 25.00	<b>Designation of Registered Agent</b>
<input type="checkbox"/>	\$ 30.00	Certified Copy (Optional)
<input checked="" type="checkbox"/>	\$ 5.00	<b>Certificate of Status (Optional)</b>

For further information concerning this matter, please call: **Kim Anh Thi Nguyen** at **561-319-6160 (cell)** or **772-232-9791 (work)**.

FROM:

  
**Kim Anh Thi Nguyen, Mgr.**  
3872 SW Kolsted Street  
Port St. Lucie, FL 34953



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

11 FEB 22 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

January 12, 2011

KIM ANH THI NGUYEN  
3872 SW KOLSTED ST  
PORT ST LUCIE, FL 34953

SUBJECT: BEBE NAIL SPA, LLC  
Ref. Number: W11000002044

We have received your document for BEBE NAIL SPA, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

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 January 11, 2011. Please amend your document accordingly.

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) 245-6855.

Tammy Hampton  
Regulatory Specialist II

Letter Number: 211A00001074

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

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**ARTICLE I  
Name**

The name of this Limited Liability Company is:

**BeBe Nail Spa, LLC.**

**ARTICLE II  
Address**

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

**Principal Office Address:**

222 SW Port St. Lucie Blvd. #10  
Port St. Lucie, FL 34984

**Mailing Address:**

3872 SW Kolsted Street  
Port St. Lucie, FL 34953

**ARTICLE III  
Purpose**

The purpose for which this Limited Liability Company is organized is:

Any and all lawful business.

**ARTICLE IV  
Registered Agent, Registered Office, & Registered Agent's Signature**

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

**Kim Anh Thi Nguyen**  
3872 SW Kolsted Street  
Port St. Lucie, FL 34953

*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*

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DIVISION OF CORPORATIONS  
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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, Florida Statutes.

  
Kim Anh Thi Nguyen, Registered Agent

**ARTICLE V**  
**Manager(s) or Managing Member(s)**

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


<b><u>Title:</u></b>	<b><u>Name and Address:</u></b>
<b>MGR</b>	<b>Kim Anh Thi Nguyen</b> 3872 SW Kolsted Street Port St. Lucie, FL 34953
<b>MGR</b>	<b>Khai Quoc Tran</b> 3872 SW Kolsted Street Port St. Lucie, FL 34953

**ARTICLE VI**  
**Effective Date**

The effective date for this Limited Liability Company shall be the same as date of filing.

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.

Signature of member or an authorized representative of a member:

  
Kim Anh Thi Nguyen, Manager  
3872 SW Kolsted Street  
Port St. Lucie, FL 34953

2. 16 - 11  
Date

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