L11000046290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

600201995626

04/18/11--01020--020 **125.00

FILED
2011 APR 18 PM 4:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

C. LEWIS
APR 19 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SIGNATURE NAILS AND SPA AT DISSTON PLAZA, 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:

NGUYEN VU
Name of Person

SIGNATURE NAILS AND SPA AT DISSTON PLAZA, LLC
Firm/Company

3605 49TH ST. NORTH, UNIT 3605
Address

SAINT PETERSBURG, FL 33710
City/State and Zip Code

~~amluong@signaturedayespas.net~~ QUYENQUANGTRAN@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Quyen Tran at (727) 776-3091
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

SIGNATURE NAILS AND SPA AT DISSTON PLAZA, 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:	**Mailing Address:**
3605 49TH ST. NORTH, UNIT 3605 SAINT PETERSBURG, FL 33710	3605 49TH ST. NORTH, UNIT 3605 SAINT PETERSBURG, FL 33710

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:

NGUYEN VU
Name

3605 49TH ST. NORTH, UNIT 3605
Florida street address (P.O. Box **NOT** acceptable)

SAINT PETERSBURG, FL 33710 FL
City, State, and Zip

FILED
2011 APR 18 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, 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..

X _____
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

2011 APR 18 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title: "MGR" = Manager "MGRM" = Managing Member	**Name and Address:**
MGRM	NGUYEN VU 5748 10TH AVENUE NORTH SAINT PETERSBURG, FL 33710
MGRM	QUYEN Q. TRAN 5748 10TH AVENUE NORTH SAINT PETERSBURG, FL 33710

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: APRIL 13, 2011. (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:

x _____
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.)

NGUYEN VU
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)