

L11000046290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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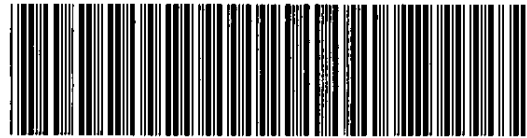
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 APR 18 PM 4:00

FILED

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

~~amtuong@signaturedayes.net~~

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

QUYEN QUANG TRAN@gmail.com

For further information concerning this matter, please call:

Quyen Tran

Name of Person

at ( 727 ) 776-3091

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:

3605 49TH ST. NORTH, UNIT 3605  
SAINT PETERSBURG, FL 33710

### Mailing Address:

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

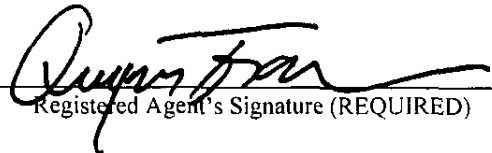
Florida street address (P.O. Box **NOT** acceptable)

SAINT PETERSBURG, FL 33710

City, State, and Zip

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2011 APR 18 PM 10:06  
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 11 06

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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)**