

L11000051930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

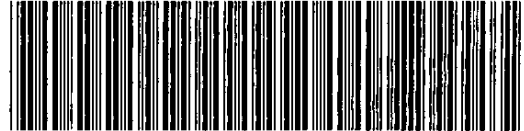
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600201998366

04/19/11--01023--004 \*\*125.00

FILED  
11 MAY -2 PM 2:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W11-22147

J. BRYAN

MAY - 3 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 20, 2011

BAY HARBOR MED SPA LLC  
1037 KANE CONCOURSE  
BAY HARBOR, FL 33154

SUBJECT: LASER HAIR REMOVAL MIAMI LLC  
Ref. Number: W11000022147

FILED  
11 MAY - 2 PM 2:16  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

We have received your document for LASER HAIR REMOVAL MIAMI LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

An individual must sign on behalf of the business entity you have designated as the registered agent.

You need to list the complete name of the manager/managing member listed and also the complete signature of a member or an authorized representative of a member.,

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) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 011A00009570

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**LASER HAIR REMOVAL MIAMI 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:**

1037 KANE CONCOURSE  
BAY HARBOR  
FLORIDA 33154

**Mailing Address:**

1037 KANE CONCOURSE  
BAY HARBOR  
FLORIDA 33154

**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:

**BAY HARBOR MED SPA LLC**

Name

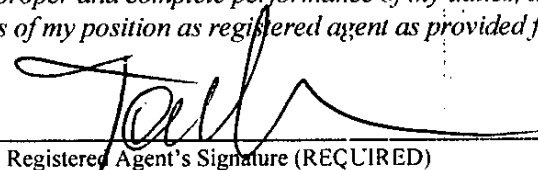
**1037 KANE CONCOURSE**

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

**BAY HARBOR FL 33154**

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 605, F.S.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
MAY - 2 PM 2:16  
SECRETARY 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:**

MANAGER

TAUB *EA.*  
1037 KANE CONCOURSE  
BAY HARBOR FL 33154

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

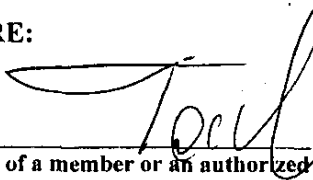
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
11 MAY -2 PM 2:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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 §817.155, F.S.)

TAUB

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)