

L11000082109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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11 JUL 15 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan JUL 18 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Beauties Unlimited, 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:

Reneah Berry

Name of Person

Beauties Unlimited, LLC

Firm/Company

795 Ave. T SE

Address

Winter Haven, FL 33880

City/State and Zip Code

reneahwayne@msn.com

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

For further information concerning this matter, please call:

Reneah Berry

Name of Person

at (863)

206-5106

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 7, 2011

RENEAH BERRY
795 AVE. T SE
WINTER HAVEN, FL 33880

SUBJECT: BEAUTIES UNLIMITED, LLC
Ref. Number: W11000036105

We have received your document for BEAUTIES UNLIMITED, 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):

The registered agent must sign accepting the designation.

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) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 311A00016232

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Beauties Unlimited, 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:

795 Ave. T SE

Winter Haven, FL 33880

Mailing Address:

same

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:

Reneah Berry

Name

795 Ave. T SE

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

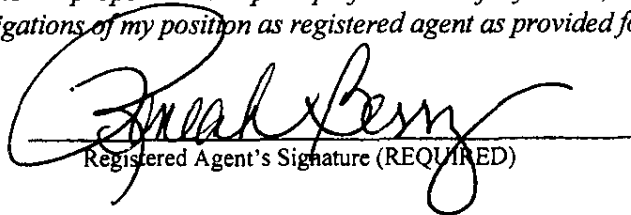
Winter Haven

FL 33880

City, State, and Zip

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11 JUL 15 AM 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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

MGR

Reneah Berry
795 Ave. T SE
Winter Haven, FL 33880

MGRM

Barbara Shaw-Douglas
200 El Camino Dr. #307
Winter Haven, FL 33884

MGRM

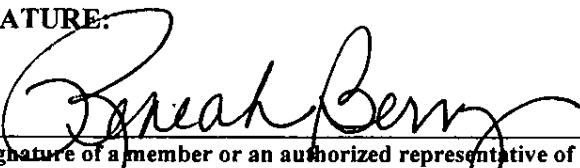
Kay Braswell
1150 11th Street
Eagle Lake, FL 33839

(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.)

Reneah Berry

Typed or printed name of signer

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)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA