

L1100016993

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

364272

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
BEST MANDARIN MASSAGE, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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Electronic Filing Menu Corporate Filing Menu Help

J. SAULSBERRY
EXAMINER

OCT 13 2011

COVER LETTER

H11000246961

TO: Registration Section
Division of Corporations

SUBJECT: BEST MANDARIN MASSAGE, 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:

DARREL DAVIS
Name of Person

Firm/Company

3258 W. HILLSBORO BLVD.
Address

DEERFIELD BEACH, FL 33442
City/State and Zip Code

ddavis77@att.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DARREL DAVIS at (305) 542-0742
Name of Person Area Code & Daytime Telephone Number

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Best Mandarin Massage, 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:

3258 W. Hillsboro Blvd.
Deerfield Beach, FL 33442

Mailing Address:

3258 W. Hillsboro Blvd.
Deerfield Beach, FL 33442

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:

Darrel Davis
Name

3258 W. Hillsboro Blvd.
Florida street address (P.O. Box **NOT** acceptable)
Deerfield Beach, FL 33442
City, State, and Zip

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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..

Darrel Davis
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

MGRM

DARREL DAVIS
3258 W. Hillsboro Blvd.
Deerfield Beach, FL 33442

MGRM

LIJUAN MAN
3258 W. Hillsboro Blvd.
Deerfield Beach, FL 33442

SECRETARY GRISTATE
PALM BEACH COUNTY, FLORIDA

2011 OCT 12 AM 8:12

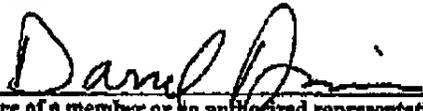
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(Use attachment if necessary)

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.)

DARREL DAVIS

Typed or printed name of signer

H11000246961