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Certified Copies	_ Certificates	s of Status		
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COVER LETTER

TO: Registration Division of	n Section Corporations	
SUBJECT:	Halos Sunte	ess Tanning, LLC
	Name of Limite	ed Liability Company
The enclosed Articles	s of Organization and fee(s) are s	submitted for filing.
Please return all corre	espondence concerning this matte	er to the following:
	A	rly Bruckner Name of Person
	Halaa Oo	ato as Tanada s 110
<u> </u>	maios Su	nless Tanning, LLC Firm/Company
	3250	Merrimac Lane
		Address
		lantic, Florida, 32903 y/State and Zip Code
	corporate@	halossunlesstanning.com
For further information	E-mail address: (to be used for concerning this matter, please	or future annual report notification)
	Bruckner ne of Person	at (321) 446-2629 Area Code & Daytime Telephone Number
Enclosed is a check	for the following amount:	
	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name The name of the Lin		any is:		
(Must	Halos Su	unless Tannii ed Liability Comp		
ARTICLE II - Add The mailing address	- -	f the principal	office of the Limited L	iability Company is:
Principal Office Ad	dress:	<u>Mail</u>	ing Address:	
3250 Merrimac L Indialantic, Florid			Box 34049 alantic, Florida, 3290	3
	pany cannot serve as its ov		e, & Registered Agent nt. You must designate an indi	
The name and the Fl	orida street address o	of the register	ed agent are:	=
_	Arly Bruckner Name			
_		3250 Merrimac Lane		
		treet address (P.0	D. Box <u>NOT</u> acceptable)	
-	Indialantic	FL City, State, and 2	32903 Zip	RIDA RIDA
liability company registered agent and statutes relating to	at the place designal agree to act in this control the proper and computions of my position of My	ted in this cert capacity. I fur plete performa	tervice of process for the ificate, I hereby accept the agree to comply with the agree to comply and I agree to a provided for in the agree to a provided for in the agree to agree to a provided for in the agree to agree	the appointment as th the provisions of all am familiar with and

(CONTINUED)

Page 1 of 2

Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Arly Bruckner 3250 Merrimac Lane Indialantic, Florida, 32903 (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 affine. 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.) Arly Bruckner Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)