

L11000139250

(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



800214848968

12/09/11--01009--024 **125.00

SEALING STATE
TALLAHASSEE, FLORIDA

11 DEC -9 PM 1:16

FILED

B. BOSTICK

DEC 12 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ecstatic Tattoos 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:

Amy Marie Vo, Esq.
Name of Person

St. Johns Law Group
Firm/Company

509 Anastasia Blvd.
Address

St. Augustine, FL 32080
City/State and Zip Code

avo@sjlawgroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Vo at (904) 495-0400
Name of Person 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

11 DEC -9 PM 1:16
STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
ECSTATIC TATTOO, LLC**

These Articles of Organization are submitted for the purpose of forming a limited liability company pursuant to the Florida Limited Liability Company Act, Chapter 608, *Florida Statutes*, as the same may from time to time be amended (the "Act").

**ARTICLE I
NAME**

The name of the limited liability company (the "Company") is: ECSTATIC TATTOO, LLC.

**ARTICLE II
ADDRESSES**

The initial mailing address of the Company is 27 Desoto Place, St. Augustine, Florida 32084.

**ARTICLE III
REGISTERED AGENT**

The name and street address of the initial registered agent of the Company is Amy Marie Vo, Esq., St. Johns Law Group, 509 Anastasia Boulevard, St. Augustine, Florida 32080.

**ARTICLE IV
MANAGEMENT**

The Company is to be managed by the members and is therefore, a member managed company.

**ARTICLE V
LIMITED LIABILITY**

Except as otherwise expressly provided by the Act, no member, manager, officer, agent or employee of the Company shall be personally liable for the debts, obligations or liabilities of the Company, whether arising in contract, tort or otherwise, or for the acts or omissions of any other member, manager, officer, agent or employee of the Company.

IN WITNESS WHEREOF, the undersigned, being an authorized representative of a Member of the Company, has executed these Articles of Organization this 10 day of December 2011. 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.

By: 

Julianne S. Ferrer, Authorized Representative

RECEIVED
11 DEC -9 PM 1:16
ALL AMERICAN
NOTARY PUBLIC
FLORIDA

ACCEPTANCE OF REGISTERED AGENT

I, Amy Marie Vo, Esq. of St. Johns Law Group, having been named to accept the service of process for ECSTATIC TATTOO, LLC, certify that I am a permanent resident of Duval County, Florida, and do hereby accept to act in this capacity, and agree to comply with the laws of the State of Florida relative to keeping open said office.

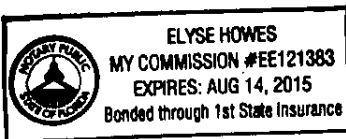
DATED at St. Johns County, Florida, this 6 day of December, A.D., 2011.

By: Amy Marie Vo
Amy Marie Vo, Esq.

STATE OF FLORIDA)
COUNTY OF ST. JOHNS)

I HEREBY CERTIFY that on this day before me, a Notary Public duly authorized in the State and County named above to take acknowledgments, personally appeared Amy Marie Vo, who is personally known to me and known to be the person/entity described as the authorized agent and resident agent who executed the foregoing Articles of Organization and Acceptance of Registered Agent and acknowledged before me that she executed same.

IN WITNESS WHEREOF, I have hereunder set my hand and affixed my official seal at St. Johns County, Florida, this 6 day of December, A.D., 2011.



Elyse Howes
Notary Public, State of Florida
Printed Name:
My Commission expires:

11 DEC -9 PM 1:16
FLORIDA