

L11000140737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

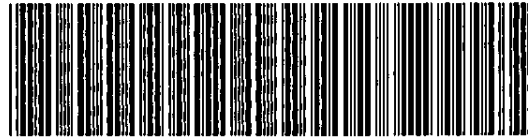
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/28/11--01007--010 **160.00

FILED
2011 DEC 14 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
Dec 15 2011
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 29, 2011

PHUONG LOAN THI VU
2004 FARM HILL
STOCKBRIDGE, GA 30281 US

SUBJECT: VIOLET NAIL SALON & SPA, LLC
Ref. Number: W11000059878

We have received your document for VIOLET NAIL SALON & SPA, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please note, if you do not list a manager of managing member, there will be no one who can sign for the company.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 211A00026722

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Violet Nail Salon & Spa, 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:

PHUONG LOAN THI VU
Name of Person

Firm/Company

2004 FARM HILL
Address

STOCKBRIDGE / GA 30281
City/State and Zip Code

PhuongLoan-011@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shavonne Sizemore at (850) 320-1169
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Violet Nail Salon & Spa, L.L.C.
(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:

833 W. Gaines St.
Tallahassee FL 32304

Mailing Address:

3085 Sawtooth Dr.
Tallahassee FL 32303

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:

Shavonne Sizemore
Name

3085 Sawtooth Dr.
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee FL 32303
City, State, and Zip

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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..

Shavonne Sizemore
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED

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

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

2011 DEC 14 AM 9:45

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGR

Phuong-Loan Thi Vu
2004 Fern Hill Ct.
Stockbridge, Ga 30281

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1/1/12 (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:

W

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.)

PHUONG-LOAN THI VU

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)