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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

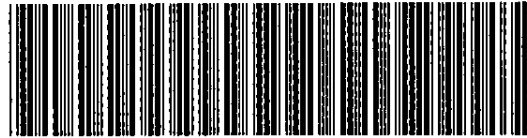
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2012 JAN 12 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
JAN 13 2012
EXAMINER



jbuak@qpwbllaw.com

QUINTAIROS, PRIETO, WOOD & BOYER, P.A.

ATTORNEYS AT LAW

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255 S. ORANGE AVENUE, SUITE 900

ORLANDO, FLORIDA 32801

TELEPHONE: (407) 872-6011 • FACSIMILE: (407) 872-6012

January 9, 2012

VIA U.S. MAIL

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: DOWNTOWN MASSAGE, LLC

Dear Sirs:

The enclosed Articles of Organization and fee is submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeffrey P. Buak, Esq.
Quintairos, Prieto, Wood & Boyer, P.A.
255 S. Orange Avenue, Suite 900
Orlando, Florida 32801

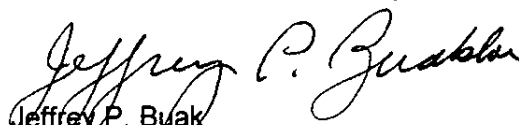
For further information concerning this matter, please call:

Jeffrey P. Buak, Esq. 407-872-6011

Enclosed is a check for the following amount: \$130.00 Filing Fee

Very truly yours,

Quintairos, Prieto, Wood & Boyer, P.A.


Jeffrey P. Buak
For the Firm

JPB/eah

Enclosure

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Downtown 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:

712 East Anderson Street
Orlando, FL 32801

Mailing Address:

712 East Anderson Street
Orlando, FL 32801

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:

Jeffrey P. Buak, Esq.

Name

255 S. Orange Avenue, Ste. 900

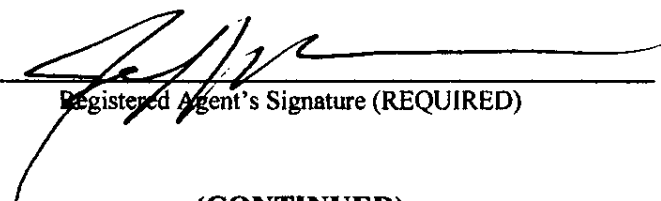
Florida street address (P.O. Box **NOT** acceptable)

Orlando FL 32801

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..


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:

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Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

2012 JAN 12 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGRM

Zac Shellman

712 East Anderson Street

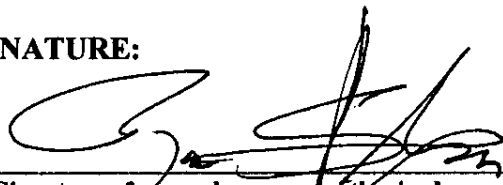
Orlando, FL 32801

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 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.)

Zachary Shellman

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)