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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
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(Do	ocument Number)	
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DIVISILLI OF COM GARAGE

JAN 3 1 2012 T. HAMPTON

COVER LETTER

	Division of Corporations			
SUBJE	· CT:	Femme Phy	ysique	
		Name of Limited Liab	pility Company	
The end	closed Articles of Organizati	on and fee(s) are submit	ted for filing.	
Please r	eturn all correspondence cor	ncerning this matter to th	ne following:	
		Jehane	Myers	
_			of Person	
_		Firm/	Company	
-			e West Drive	
		Vero Beach,	Florida 32966	
-		City/State	and Zip Code	
_	E-mail ac	jenane.myers ddress: (to be used for futur	s@gmail.com re annual report notification)
For furt	her information concerning	this matter, please call:		
	Jehane Myers	at (904 608-740	2
	Name of Person	\	Area Code & Daytime To	elephone Number
Enclose	ed is a check for the follow	wing amount:		
\$125.00	Filing Fee \$130.00 Certific	ate of Status C	55.00 Filing Fee & ertified Copy dditional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Division P.O. Box	ion Section of Corporations	Street/Courier Addre Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Femme Phys	ique, LLC.
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2101 Indian River Boulevard	2101 Indian River Boulevard
Suite 213	Suite 213
Vero Beach, Florida 32960	Vero Beach, Florida 32960
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another
Jehane M	yers
1599 Pointe	e West Drive
Florida street add	ress (P.O. Box NOT acceptable)
Vero Beach	FL 32966
City, Sta	ate, and Zip
Having been named as revistered agent and to a	accept service of process for the above stated limited

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.

egistered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ENVISION 30 AM 10: 56

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

U. CODU	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Mem	lber
MGRM	Vickie Grabe
	505 6th Street
	Vero Beach, FL 32962
MGRM	Jocelyn Sample
	140 21st Avenue
	Vero Beach, FL 32962
MGRM	Amber Garr
	1455 19th Avenue SW
	Vero Beach, FL 32962
MGRM	Jehane Myers
	1599 Pointe West Drive
	Vero Beach, FL 32966
(Use attachment if necessary LE V: Effective date, if other	than the date of filing: (OPTIC
LE V: Effective date, if other	than the date of filing: (OPTICe must be specific and cannot be more than five business
LE V: Effective date, if other fective date is listed, the date days after the date of filing.	than the date of filing: (OPTICe must be specific and cannot be more than five business)
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of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)