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J. SAULSBERRY **EXAMINER**

MAR **6** 2012

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Beautifully Bronzed 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:
Amanda Goodreau & Christopher Prae
Beautifully Bronzed mobile Airbrush Tanning
421 Victoria Hills Dr.
Address Deland FL 32724 City/State and Zip Code Ajoulo33@ 9mail.com Fmail address: (to boused for future annual report notification)
Ajou 1033@ 9mail.com Finall address: (to boused for future annual report notification) Finall address: (to boused for future annual report notification)
For further information concerning this matter, please call:
Amonda Goodreau at (386) 456-7833 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times 130.00 Filing Fee \$\times 155.00 Filing Fee \$\times 160.00 Filing Fee, Certificate of Status \$\times 160.00
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:	
Beautifully Bronzed L (Must end with the words "Limited Liability Company	y, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	ffice of the Limited Liability Company is:
Principal Office Address: Mailin	g Address:
1431 Orange Camp Rd. 42 Deland FL 32724 Dr. Suite 108	1 Victoria Hilk Dr. Land FL 32724
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own Registered Agent business entity with an active Florida registration.)	& Registered Agent's Signature: You must designate an individual or another
The name and the Florida street address of the registered	agent are:
Christopher Po	HAR-2 A HASSEE
1431 Orange Camp P Florida street address (P.O.	Box NOT acceptable)
DeLand FL 3 City, State, and Zi	2/24 <u> </u>
Having been named as registered agent and to accept se liability company at the place designated in this certif registered agent and agree to act in this capacity. I furth statutes relating to the proper and complete performand accept the obligations of my postuon as registered ag	cate, I hereby accept the appointment as er agree to comply with the provisions of all se of my duties, and I am familiar with and

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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
mgB.	Amanda J. Goodreau 421 victoria Hills Dr. Deland FL 32724
makm_	Christopher A. Prae 421 Victoria Hills Dr. DeLand FL 32724
	7A
	2012 HAR - SECRETALLAHA
(Use attachment if necessary)	STATE ORIDA
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be 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.)

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)