2000042407

estor's Name)
ess)	
ess)	
State/Zip/Pho	ne #)
WAIT	MAIL
ness Entity Na	ame)
iment Numbe	r)
Certificate	es of Status
ing Officer:	
	ess) State/Zip/Phore WAIT mess Entity National Number Certificate

Office Use Only



800225140308

800225140308 03/27/12--01010--004 **125.00

B. BOSTICK MAR 2 7 2012

EXAMINER

COVER LETTER

TO:	Registratio Division of	n Section Corporations	•• · · · · · · · · · · · · · · · · · ·	
SUBJEC	_{т.} Isab	ella's Nails LLC.		
SOLULI			ited Liability Company	
The encl	osed Article	s of Organization and fee(s) are	e submitted for filing.	
Please re	eturn all corr	espondence concerning this ma	atter to the following:	
1	sabel (Chirinos		
			Name of Person	
			Firm/Company	_
}	8595 Sı	unrise Lakes Blvd /	Apt 103	
			Address	
S	unrise	Florida 33322		
_	<u></u>		ity/State and Zip Code	
v	rirgo13oc	hz@hotmail.com		
_			for future annual report notification)	
For furth	er informati	on concerning this matter, pleas	se call:	
Isabel	Chirinos	3	at (954) 790-8154	
	Nar	me of Person	Area Code & Daytime Telephone Number	
Enclose	d is a check	for the following amount:	MAR 26 CREAKE	
√ \$125.00 I	Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee Certified Copy Certified Copy 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

isabella's	Nails LLC.		
	(Must end with the words "Lin	nited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II The mailing ac		of the principal office of the Limited Lia	ability Company is:
Principal Offi	ice Address:	Mailing Address:	
8595 Sunrise L	akes Blvd	8595 Sunrise Lakes Blvd	
			
Apt 103.		Apt 103.	
	- Registered Agent, Re	Sunrise, FL 33322 gistered Office, & Registered Agent's	
ARTICLE HI (The Limited Liabil business entity with	- Registered Agent, Relity Company cannot serve as its th an active Florida registration.)	Sunrise, FL 33322	idual or another
ARTICLE HI (The Limited Liabil business entity with	- Registered Agent, Relity Company cannot serve as its th an active Florida registration.)	Sunrise, FL 33322 egistered Office, & Registered Agent's own Registered Agent. You must designate an individual	idual or another 12 MAR 26 SEUNE IAN TALLAHASS
ARTICLE HI (The Limited Liabil business entity with	- Registered Agent, Registered Agent, Regist Company cannot serve as its than active Florida registration.) the Florida street address Isabel Chirinos	Sunrise, FL 33322 gistered Office, & Registered Agent's own Registered Agent. You must designate an individual of the registered agent are:	idual or another 12 HAR 26 PI SEUNE LANY DI TALLAHASSEE.
ARTICLE HI (The Limited Liabil business entity with	I - Registered Agent, Registered Agent, Regist Company cannot serve as its than active Florida registration.) the Florida street address Isabel Chirinos 8595 Sunrise	Sunrise, FL 33322 gistered Office, & Registered Agent's own Registered Agent. You must designate an individual of the registered agent are: Name	idual or another 12 HAR 26 PI SEUNE LANY DI TALLAHASSEE.
ARTICLE HI (The Limited Liabil business entity with	I - Registered Agent, Registered Agent, Regist Company cannot serve as its than active Florida registration.) the Florida street address Isabel Chirinos 8595 Sunrise	Sunrise, FL 33322 gistered Office, & Registered Agent's own Registered Agent. You must designate an individual of the registered agent are: Name Lakes Blvd. Apt 103	idual or another 12 MAR 26 TALLAHASSE

Registered Agent/s Signature (REQUIRED)

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.

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGRM Isabel Chirinos 8595 Sunrise Lakes Blvd. Apt 103 Sunrise FL, 33322 MGRM Orlando Chirinos 8595 Sunrise Lakes Blvd. Apt 103 Sunrise FL, 33322 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the 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.) **Isabel Chirinos**

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)

Typed or printed name of signee