

L120002149453

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY,
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

12 AUG 28 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
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**FLORIDA LIMITED LIABILITY CO.
GIFTED TOUCH BODY SHOP LLC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 29 2012

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Help
EXAMINER

112000214945

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name:

The name of the Limited Liability Company is:

GIFTED TOUCH BODY SHOP LLC.

ARTICLE II- Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1985 PARK ROAD BLD # 2

HALLANDALE FL 33009

Mailing Address:

1985 PARK ROAD BLD #2

HALLANDALE FL33009

ARTICLE III-Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

RIGEAUD JEUNE

Name

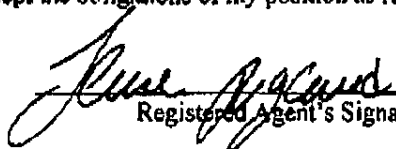
429 NW 83RD STREET

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

MIAMI, FL 33150

City, State, and Zip

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 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 provided for in chapter 608, F.S.


Registered Agent's Signature

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

Title:

"MGR"= Manager

"MGRM"= Managing Member

Name and Address:

BARTHELEMY JEUNE [MGR]

1985 PARK RD BLD #2

HALLANDALE FL 33009

ANTON BROWN [MGR]

1985 PARK RD BLD #2

HALLANDALE FL 33009

RIGEAUD JEUNE [MGRM]
[MGRM]

429 NW 83rd Street

MIAMI FL 33150

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Rigaud Jeune
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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