

L12000137399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300240477863

Effective Date 11-1-2012

10/23/12--01016--024 \*\*160.00

FILED  
2012 OCT 29 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER

OCT 30 2012

**COVER LETTER**

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **T's Sun-Kissed Tanning, LLC.**

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:

**Tonia Stephan**

Name of Person

**T's Sun-Kissed Tanning, LLC.**

Firm/Company

**PO Box 1061**

Address

**Bellevue, Florida 34421**

City/State and Zip Code

**tsunkissedtanning@gmail.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Tonia Stephan**

Name of Person

at **(352) 572-9278**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☒ \$160.00 Filing Fee, Certificate of Status & 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

2012 OCT 29 PM 10:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

**T's Sun-Kissed Tanning, 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:**

10115 SE Hwy 441

Unit 6

Bellevue, Florida 34420

**Mailing Address:**

PO Box 1061

Bellevue, Florida 34421

**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:

Teresa L. Stephan

Name

8753 SE 59th Ave.

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

Ocala

FL 34472

City, State, and Zip

2812 OCT 29 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

*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.*

Teresa L. Stephan  
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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Teresa L. Stephan

8753 SE 59th Ave.

Ocala, Florida 34472

MGR

Jason Stephan

8753 SE 59th Ave.

Ocala, Florida 34472

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: November 1st 2012 (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.)

Teresa L. Stephan

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)

FILED  
 2012 OCT 29 AM 10:00  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA