

#L 12000137716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

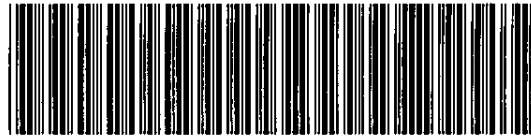
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
OCT 30 2012

**THE LAW OFFICE OF LINDA L. GAUSTAD, P.A.**

*Linda L. Gaustad*  
Attorney at Law

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*Mandy Thomason*  
*Jackyln Cox*  
Legal Assistants

October 26, 2012

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**SUBJECT: NONA NAIL & SPA, L.L.C.**

Dear Sirs or Madames:

Enclosed are an original and one (1) copy of the articles of incorporation and check for:

<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75	<input checked="" type="checkbox"/> \$125.00	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status

FROM: The Law Office of Linda L. Gaustad, P.A.  
815 S. Volusia Avenue, Suite 1  
Orange City, Florida 32763  
(386) 456-0500

**NOTE: Please provide the original and one copy of the articles.**

The Law Office of Linda L. Gaustad  
815 South Volusia Avenue  
Suite 1  
Orange City, FL 32763  
Prepared By: Linda L. Gaustad, Attorney at Law

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:  
Nona Nail & Spa, L.L.C.

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:  
13800 Narcoossee Road  
Suite A 103  
Orlando, Florida 32827

**ARTICLE III - Duration:**

The period of duration for the Limited Liability Company shall be:  
The effective date of the limited liability company is the filing date and will continue until such time that the members unanimously vote to terminated the limited liability company.

**ARTICLE IV - Management:**

**(Check the appropriate box and complete the statement)**

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

- 1) Thai N. Tran-7210 Chelsea Harbour Drive, Orlando, Florida 32829  
Truong Le-1825 Amaryllis Circle, Orlando, Florida 32825

The Management of this company is by its members acting as a Board of Members, each voting according to their distributional interest and shall have the authority to act for the company in all matters.

**ARTICLE V - Admission of Additional Members:**

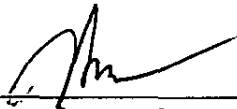
The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

Additional members or the transferee of a distributional interest of a member, may be admitted to membership by a unanimous vote of the members.

**ARTICLE VI - Members Rights to Continue Business:**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member *or the occurrence of any other event which terminates the continued membership of a member* in the limited liability company shall be:

The remaining members of the limited liability company, by unanimous vote, may exercise the right to continue.



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

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Thai N. Tran

Typed or printed name of signee

**Filing Fee: \$100.00 for Article**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.


1. The name of the limited liability company is: Non Nail & Spa, L.L.C.
2. The name and the Florida street address of the registered agent are:

Thai N. Tran  
NAME

7210 Chelsea Harbour Drive  
Florida street address (P. O. Box **NOT** ACCEPTABLE)

Orlando, Florida 32829  
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 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.*

  
\_\_\_\_\_  
SIGNATURE

**Filing Fee: \$ 25 for Designation of Registered Agent**