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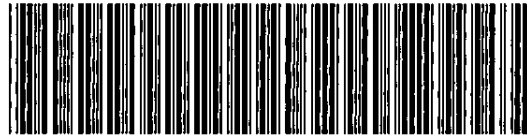
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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J. SAULSBERRY
EXAMINER

NOV 5 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bossa Nova Level II Beauty salon
(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:

Rosa Wilson
(Name of Person)

Bossa Nova Level II Beauty salon
(Firm/Company)

1413 Tampa Park Plaza
(Address)

Tampa, Florida 33605
(City/State and Zip Code)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Rosa Wilson
(Name of Person)

at (813) 484-7078
(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)

Theresa

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Boss Nova Level II Beauty Salon, 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:

1413 Tampa Park Plaza
Tampa, FL
33605

Mailing Address:

1413 Tampa Park Plaza
Tampa, FL
33605

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:

Rosa Wilson
Name

1413 Tampa Park Plaza
Florida street address (P.O. Box **NOT** acceptable)

Tampa FL FL 33605
City, State, and Zip

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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..

Rosa Wilson
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:

MGRM

Roscoe Wilson
702 E. Floribrasca Ave
Tampa, FL 33603

MGR

Rosa Wilson
702 E. Floribrasca Ave
Tampa, FL 33603

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TALLAHASSEE, FLORIDA

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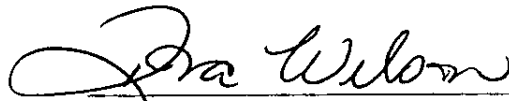
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(Use attachment if necessary)

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.)

Rosa Wilson

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)

EXHIBIT 2

**LIMITED LIABILITY COMPANY OPERATING AGREEMENT
FOR**

Bossa Nova Beauty Salon Level II

LISTING OF MEMBERS

As of the 24th day of August, 2012 the following is a list of Members of the Company:

Name Rosa Wilson Percent 75 %

Address 1413 Tampa Park Plaza Tampa, FL 33605

Name Roscoe Wilson Percent 25 %

Address 702 E. Floribreska Ave Tampa, FL 33603

Name _____ Percent _____ %

Address _____

Name _____ Percent _____ %

Address _____

Authorized by Member(s) to provide Member Listing as of this 24th day of August, 2012.

Rosa Wilson
Signature of Member

Signature of Member

Roscoe Wilson
Signature of Member

Signature of Member

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TALLAHASSEE, FLORIDA

EXHIBIT 3

**LIMITED LIABILITY COMPANY OPERATING AGREEMENT
FOR**

Bossa Nova Level II Beauty Salon

CAPITAL CONTRIBUTIONS

Pursuant to ARTICLE 2, the Members' initial contribution to the Company capital is stated to be \$ 250,000. The description and each individual portion of this initial contribution is as follows:

<u>Rosa Wilson</u>	\$ <u>125,000</u>
<u>Rosa Wilson</u>	\$ <u>125,000</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

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CLERK OF COURT
TALLAHASSEE, FLORIDA

SIGNED AND AGREED this 24th day of August, 2012.

Rosa Wilson
Member

r
Member

Rosa Wilson
Member

Member

EXHIBIT 1

LIMITED LIABILITY COMPANY OPERATING AGREEMENT

FOR

Bossa Nova Level II Beauty Salon

LISTING OF MANAGERS

By a majority vote of the Members the following Managers were elected to operate the Company pursuant to ARTICLE 4 of the Agreement:


Printed Name Rosa Wilson

Chief Executive Manager

1413 Tpa Park Plaza Address
Tampa, FL 33603

Roscoe Wilson
Printed Name Roscoe Wilson

Title Manager member

702 E. Floribraske Ave Address
Tpa FL
33603

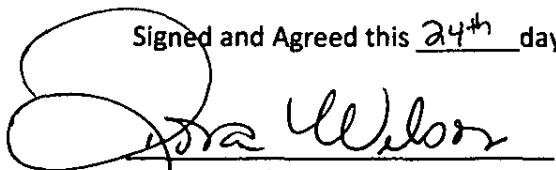
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The above listed Manager(s) will serve in their capacities until they are removed for any reason by a majority vote of the Members as defined by ARTICLE 4 or upon their voluntary resignation.

Signed and Agreed this 24th day of August, 2012.


Signature of Member

Printed Name

Rosa Wilson

Roscoe Wilson
Signature of Member

Printed Name

Roscoe Wilson

Signature of Member


Printed Name

CERTIFICATE OF FORMATION

This Company Operating Agreement is entered into and shall become effective as of the Effective Date by and among the Company and the persons executing this Agreement as Members. It is the Members express intention to create a limited liability company in accordance with applicable law, as currently written or subsequently amended or redrafted.

The undersigned hereby agree, acknowledge, and certify that the foregoing operating agreement is adopted and approved by each member, the agreement consisting of 10 pages, constitutes, together with Exhibit 1, Exhibit 2 and Exhibit 3 (if any), the Operating Agreement of Boss Nova Level II Beauty Salon, adopted by the members as of August, 24 2012.

Members:


Signature

Percent: 75 %

Roscoe Wilson
Signature

Percent: 25 %

Signature

Percent: _____ %

Signature

Percent: _____ %

Printed Name

Printed Name

Printed Name

Printed Name

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TALLAHASSEE, FLORIDA

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Application for Employer Identification Number
(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN **800337882**
OMB No. 1545-0003

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) Rosa Wilson	
	2 Trade name of business (if different from name on line 1) Bossa Nova Level II Beauty Salon	3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) 1413 Tampa Park Plaza	5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code Tampa, FL 33605	5b City, state, and ZIP code
	6 County and state where principal business is located Hillsborough County, Florida	
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► 800337882 Rosa Wilson	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)
<input type="checkbox"/> REMIC	<input checked="" type="checkbox"/> Other corporation (specify) ► LLC
<input type="checkbox"/> State/local government	<input type="checkbox"/> Trust
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other nonprofit organization (specify) ►	(enter GEN if applicable)
<input type="checkbox"/> Other (specify) ►	

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country
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9 Reason for applying (Check only one box.) (see instructions)	<input type="checkbox"/> Banking purpose (specify purpose) ►
<input checked="" type="checkbox"/> Started new business (specify type) ► Beauty Salon	<input type="checkbox"/> Changed type of organization (specify new type) ►
<input type="checkbox"/> Purchased going business	<input type="checkbox"/> Created a trust (specify type) ►
<input checked="" type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Other (specify) ►
<input type="checkbox"/> Created a pension plan (specify type) ►	

10 Date business started or acquired (month, day, year) (see instructions) December 15, 2017	11 Closing month of accounting year (see instructions)
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12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)	► April 13, 2017
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13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)	Nonagricultural 2	Agricultural 0	Household 0
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14 Principal activity (see instructions) ► Beauty Salon
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15 Is the principal business activity manufacturing?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If "Yes," principal product and raw material used ►		

16 To whom are most of the products or services sold? Please check one box.	<input type="checkbox"/> Business (wholesale)	<input type="checkbox"/> N/A
<input type="checkbox"/> Public (retail)	<input checked="" type="checkbox"/> Other (specify) ► Cosmetologist	

17a Has the applicant ever applied for an employer identification number for this or any other business?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Note: If "Yes," please complete lines 17b and 17c.		

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.	Legal name ►	Trade name ►
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17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.	Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN
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Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.	Business telephone number (include area code) (813) 223-6578	
	Fax telephone number (include area code) (813) 223-7986	
	Name and title (Please type or print clearly) ► Rosa Wilson (owner)	

Signature ► <i>Rosa Wilson</i>	Date ►
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Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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