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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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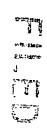


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SECRETARY OF STATE
ALLAHASSEE FLORIDA



COVER LETTER

TO: **Registration Section Division of Corporations** Forever Young Tattoo 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: Shannon Young Name of Person Firm/Company 1752 Thomasville Rd Tallahassee, FL City/State and Zip Code shannonyoung20@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Shannon Young Area Code & Daytime Telephone Number Enclosed is a check for the following amount: □ \$160.00 Filing Fee, □\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Forever Young Tattoo, 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: Mailing Address:
1752 Thomasville Rd. 1752 Thomasville Rd Tallahassee, FL 32303 Tallahassee, FL 32303
Tallahassee, FL 32303 Tallahassee, FL 32303
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: Shannon Young 1752 Thomasville Rd
Florida street address (P.O. Box NOT acceptable)
Florida street address (P.O. Box NOT acceptable)
tallahassee, FL 32303
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

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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..

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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Membe	er
MGR_	Shannon Young 1752 Thomasvitte Rd Tallahassee, FL 32303
	
(Use attachment if necessary)	
CLE V: Effective date, if other the effective date is listed, the date to or 90 days after the date of file.	han the date of filing: (OPTIONAl e must be specific and cannot be more than five business ling.)
in the same and same of the	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	hannon Young
REQUIRED SIGNATURE: Signature of a	member or an authorized representative of a member.
REQUIRED SIGNATURE: Signature of a (In accordance with sec	member or an authorized representative of a member. tion 608,408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true.

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)