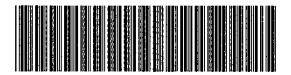
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T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Styles by Sara Nohemy, 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:

Sara Nohemy Lopez Name of Person Styles by Sara Nohemy, LLC Firm/Company 3725 Bonita Beach Rd #8 Address Bonita Springs, FL 34134 City/State and Zip Code sr2lp@aol.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sara Nohemy Lopez

...239

771-5423

Name of Person

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Styles by Sara Nohemy, LLC	
(Must end with the words "Limited Liabilit	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3725 Bonita Beach Rd #8, Bonita Springs, FL 34134	3725 Bonita Beach Rd #8, Bonita Springs, FL 34134
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
Sara Nohemy Lopez	
Name	
6516 Hartland Street	
Florida street add	ress (P.O. Box NOT acceptable)
Fort Myers	FL 33966
City, Sta	te, and Zip
liability company at the place designated in the registered agent and agree to act in this capaciall statutes relating to the proper and complete	accept service of process for the above stated limited his certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of a performance of my duties, and I am familiar with gistered agent as provided for in Chapter 608. F.S
Registered Agent's Signatu	ire (REQUIRED)
(CONTINU	프 생태
Page 1 of 2	

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Men	Name and Address:
MGR	Sara Nohemy Lopez
	6516 Hartland Street
	Fort Myers, FL 33966
(Use attachment if necessar	y)
	er than the date of filing: (OPTION
LE V: Effective date, if othe ffective date is listed, the of or 90 days after the date of REQUIRED SIGNATURE	
ffective date is listed, the o or 90 days after the date o	f filing.)
ffective date is listed, the o or 90 days after the date o REQUIRED SIGNATURI	f filing.)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Filing Fees: