

Division of Corporations

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L13 0001184461

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.
Account Number : I20010000062
Phone : (323) 962-8600
Fax Number : (323) 962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA LIMITED LIABILITY CO.
NAPLES LASH BAR LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$155.00

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Case: 08691847

Subject	Corporate Filing - 400250770624	Account Manager	Assigned
Queue	Biz Online Filing Receipts	Send for Approval	
Assigned User		Priority	Medium
Status	New	Case Number	08691847
Contact Status		Contact Name	NOT PROVIDED
Order Number		Account Name/Login Id	limitedonline@dos.state.fl.us
Processing Number		Web Email	limitedonline@dos.state.fl.us
Case Origin	onlinefilings@legalzoom.com	Contact Email	limitedonline@dos.state.fl.us
Social Media Origin		Biz HA Pre-Filing Complete	
Due Date			

Description Document Number: W13000045851
Entity Name: NAPLES LASH BAR LLC
Tracking Number: 400250770624
Pin Number: 0624

We received your online transmitted document. However, the document has not been filed for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation, unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

One or more major words may be added to make the name distinguishable.

The document number of the name conflict is P11000051866 NAPLES LASH BAR INC.

To make the necessary corrections to your filing, return to our website at www.sunbiz.org and click on "E-Filing Services", and then choose the type of filing you are trying to correct. Pull down the vertical scroll bar until you see the two blocks entitled "Tracking Number" and "Pin Number," which are located on the right hand side of the page. Next, enter your tracking number and pin number. Both of these numbers are listed in the top portion of this email. Next, simply click on "update filing" to access the document you previously submitted to our office. Please disregard this letter if you have contacted our office and were advised how to correct your document online. Please allow 1-2 business days for your corrected document to be processed by this office.

SECRETARY OF STATE
JANET LEISINGER
MAIL ADDRESS: TALLAHASSEE, FL 32304

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H13000184492 3

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NAPLES LASH BAR 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:

Cheyenne Moseley

(Name of Person)

Legalzoom.com, Inc.

(Firm/Company)

100 W. Broadway, Suite 100

(Address)

Glendale, CA 91210

(City/State and Zip Code)

For further information concerning this matter, please call:

Cheyenne Moseley at (323) 862-8600 ext. 7625
(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

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2013 JUN 21 AM 8 22
DEPT. OF STATE
TALLAHASSEE, FL 32301

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Penny L. Froh
1910 Cherry Ln. #224
Northbrook, IL 60062
Cell: 847-980-5317
E-mail: pennyfroh1@aol.com

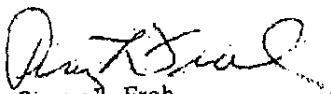
August 13, 2013

To: State of Florida

I have no intention to reinstate Naples Lash Bar Inc. (Document # P11000051866).

Please release the name.

Thank you.


Penny L. Froh.

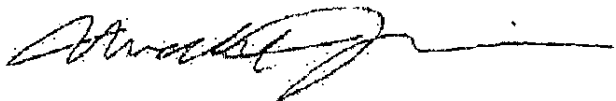
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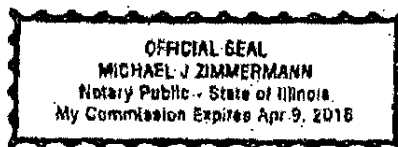
Penny L. Froh appeared before me this 14th of August 2013

Michael J. Zimmermann



State of Illinois

County of Cook



H13000184492 3

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

The name of the Limited Liability Company is:

NAPLES LASH BAR 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:1910 Cherry Lane #224
Northbrook, Illinois 60062**Mailing Address:**1910 Cherry Lane #224
Northbrook, Illinois 60062**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:

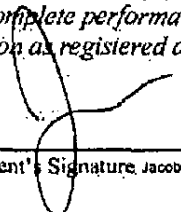
United States Corporation Agents, Inc.

Name

13302 Winding Oaks Court, Suite AFlorida street address (P.O. Box NOT acceptable)TampaFL33612-3425

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..



Registered Agent's Signature, Jacob Varghese, United States Corporation Agents, Inc.

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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

David Froh

1910 Cherry Lane #224, Northbrook, Illinois 60062

MGRM

Penny Froh

1910 Cherry Lane #224, Northbrook, Illinois 60062

(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.)

Cheyenne Moseley, Legalzoom.com, Inc.

Typed or printed name of signer

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)

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