

L13000150883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

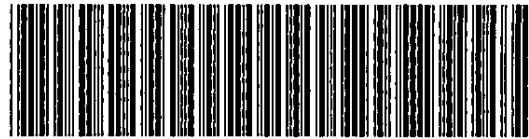
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T Burch OCT 25 2013

(Handwritten signature)

DAVID F. CLICK

ATTORNEY AT LAW
SUITE 15, PARKWAY PLAZA
810 SATURN STREET
JUPITER, FLORIDA 33477

TELEPHONE (561) 747-7077
FAX (561) 747-1001
dfc1947@gmail.com
www.click-law.com

ADMITTED IN FL, CT, ME & MD
BOARD CERTIFIED IN WILLS,
TRUSTS & ESTATES

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

October 21, 2013

Dear Sir/ Madam::

Enclosed are Articles of Organization for Divine Beauty Spa and Salon, LLC together with a check for \$160.00.

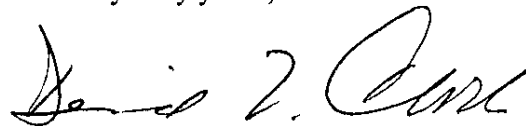
Please arrange to have the Articles filed as promptly as possible, and return to us a certified copy. If there is any problem or question, please contact me immediately.

The check for \$160.00 represents the following charges:

Filing Fee	\$100.00
Certified Copy	30.00
Designation of Resident Agent	25.00
Certificate of Status	5.00
TOTAL	\$160.00

Thank you for your cooperation.

Very truly yours,



DFC/KC
enclosures

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Divine Beauty Spa and Salon, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:


75 East Indiantown Road, Suite 603
Jupiter, Florida 33477

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida Street address of the registered agent are:

Connie D. Moore
1500 Beach Road, Suite 203
Tequesta, Florida 33469

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..


Connie D. Moore

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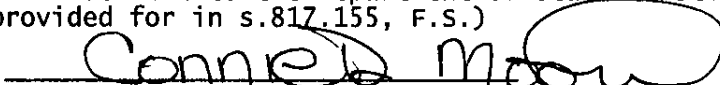
ARTICLE IV - Managing Member:

The name and address of the Managing Member is as follows:

MGRM

Connie D. Moore
1500 Beach Road, Suite 203
Tequesta, Florida 33469

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)


Connie D. Moore