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SECRETARY OF STA

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Regal Nails Salon & Spa, 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:
Nguyen Nguyen
Name of Person
Regal Nails Salon & Spa, LLC
Firm/Company
926 Piney Z Plantation Rd.
Address
Tallahassee, FL 32311
City/State and Zip Code
nnickusa@aim.com or nquyennquyenminhvn@yahoo.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Nquyen Nquyen at (850) 322-6208 or 339-2596
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\times 130.00 \text{ Filing Fee & Certificate of Status}\$ Certificate of Status Certified Copy (additional copy is enclosed) \$125.00 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

The name of the Est	nited Liability Company is:			
Regal Nails Salon & Spa				
	(Must end with the words	"Limited Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Add The mailing addres		rincipal office of the Limited Liability Company is:		
Principal Office A	ddress:	Mailing Address:		
35 Mike Stewart Drive		926 Piney Z Plantation Road		
Crawfordville, FL 32327		Tallahassee, FL 32311	_	
another business er	Sorida street address of the	,	14 JAN	
	926 Piney Z Plantation Road	3.5.5.4.5.5.4.5.5.4.5.5.4.5.5.4.5.5.4.5.5.4.5.5.4.5.5.5.4.5.4.5.4.5.5.5.4.5.5.4.5.5.4.5	ယ	C SI-TEMPORE
	Florida street address	(P.O. Box NOT acceptable)	A	П
	ı aııanassee	FL 32311 57	ڣ	
	City	FL 32311 RD Zip RD Z	5	
the place design capacity. I furthe	nated in this certificate, I her or agree to comply with the p d I am familiar with and acc	accept service of process for the above stated limited lia reby accept the appointment as registered agent and agre provisions of all statutes relating to the proper and complete pept the obligations of my position as registered agent as Chapter 605, F.S	e to aci ete perj	t in this formance

(CONTINUED)

Page 1 of 2

	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Nguyen Nguyen
	926 Piney Z Plantation Rd Tallahassee, FL 32311
	(and 185585, FL 32311
MGRM	Hoang Nquyen
· · · · · · · · · · · · · · · · · · ·	926 Piney Z Plantation Rd
	Tallahassee, FL 32311
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	15 SS 75
	17.5
(Use attachment if necessary)	TATE ORIDA
EV: Effective date, if other than the date of f	
ctive date is listed, the date must be specifi f filing.)	iling: (OPTIONAL) ic and cannot be more than five business days prior to or 90
ctive date is listed, the date must be specific filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member (In accordance with section 605, constitutes an affirmation under I am aware that any false inform	er or an authorized representative of a member.
E VI: Other provisions, if any. E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member (In accordance with section 605, constitutes an affirmation under I am aware that any false information constitutes a third degree felony Nguyen Nguyen	er or an authorized representative of a member. 1.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true. 1.0203 the penalties of perjury that the facts stated herein are true. 1.0203 the penalties of perjury that the facts stated herein are true.

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\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)