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(Requestor's Name)

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(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

2014 MAY -1 PM 1:08

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MAY 07 2014

J. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Message Works by Tuesday, 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:

Tuesday Renee Martin
Name of Person

Message Works by Tuesday, LLC
Firm/Company

1820 SW Dalmatian Avenue
Address

Port Saint Lucie, FL 34953
City/State and Zip Code

florida2sday@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tuesday Renee Martin at (772) 812 -1641
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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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TALLAHASSEE FLORIDA
CLERK OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Massage Works by Tuesday, 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:

1820 SW Dalmatian Avenue
Port Saint Lucie, FL 34953

Mailing Address:

1820 SW Dalmatian Avenue
Port Saint Lucie, FL 34953

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:

Tuesday Renee Martin

Name

1820 SW Dalmatian Avenue

Florida street address (P.O. Box **NOT** acceptable)

Port Saint Lucie

FL

34953

City

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 605, F.S..

Tuesday Renee Martin
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Tuesday Renee Martin

1820 SW Dalmatian Avenue

Port Saint Lucie, FL 34953


(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Tuesday Renee Martin

Typed or printed name of signee

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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TALLAHASSEE FLORIDA

04-28-2014 MASS O 9999999999 SS-4

CP 575 G (Rev. 7-2007)

CP 575 G
9999999999

DATE OF THIS NOTICE: 04-28-2014
EMPLOYER IDENTIFICATION NUMBER: 46-551130
FORM: SS-4 NOBOD

MESSAGE WORKS BY TUESDAY LLC
TUESDAY RENEE MARTIN SOLE MBR
1820 SW DALMATION AVE
PORT ST LUCIE, FL 34953