

L14000091377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W14-24403

Office Use Only



500259110385

04/23/14--01015--005 **130.00

B. BOSTICK
JUN - 6 2014
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Aesthetic Solutions, 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:

Cyndie GRIMES
Name of Person

Firm/Company

2121 Sebastian Court

Address

Alva, Fla. 33920

City/State and Zip Code

Cyndiearnp@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cyndie Grimes
Name of Person

at

239
Area Code

222-3533
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:

Advanced Aesthetic Solutions, LLC
~~Aesthetic Solutions, 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:

Mailing Address:

2121 Sebastian Ct
Alva, Fla.
33920

same as principal
office

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:

Cyndie GRIMES
Name
2121 Sebastian Ct
Florida street address (P.O. Box NOT acceptable)
Alva FL 33920
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..

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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~~ AMBR

MGR

Name and Address:

Cyndie GRIMES
2121 Sebastian Ct
Alva, Fla. 33920

Kenny Wittthuhn
2121 Sebastian Ct
Alva, Fla. 33920

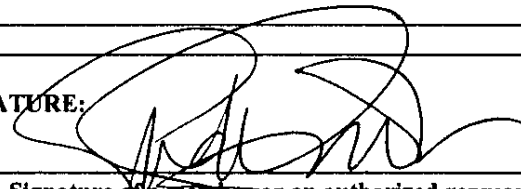
(Use attachment if necessary)

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.)

Cyndie GRIMES

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)

2014-02-27 15:53
CLERK OF COURT
STATE OF FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 25, 2014

CYNDIE GRIMES
2121 SEBASTIAN COURT
ALVA, FL 33920

SUBJECT: AESTHETIC SOLUTIONS, LLC
Ref. Number: W14000026403

We have received your document for AESTHETIC SOLUTIONS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P96000095376.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 914A00008933

2014 APR -2 PM 4:53
CLERK OF COURT
CLERK OF COURT

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CLERK OF COURT
CLERK OF COURT