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(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #)	
PICK-UP	TiAW [MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	

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14 JUN 27 PM 3: 35

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14 JUN 27 PH 3: 18

JUN 2.7. 2014 D. BRUCE

COVER LETTER

	on Section f Corporations		.♥	
SUBJECT:	Ki <u>mber</u> Name of Lir	Ly's Nail Bouting	ue,LLC.	
The enclosed Articl	es of Organization and fee(s) a	re submitted for filing.		
Please return all con	πespondence concerning this m	natter to the following:		
<u>Kimber</u>	rly D. Pittman-Moore	Name of Person		-
		Name of Person		
*************		Firm/Company		-
7107 E	d Wilson Lane			_
		Address		
<u>Tallaha</u>	assee, FL 32312	City/State and Zip Code		-
kimberlymoor	e72@gmail.com			
	E-mail address: (to be use	ed for future annual report notifica	ution)	
For further informa	tion concerning this matter, ple	ase call:	SECRE ALLARI	75 HUL 11
Kimbody Ditmon	Moore et (850) <u>321-3275</u>	\$5.5 \$5.5	79
Kimberly Pitman- N	ame of Person		lephone Number	
		•		P Desc
Enclosed is a check	for the following amount:			လ္ – – –
□ \$125.00 Filing Fee	☐\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclo	

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 Limited Liability Company is: Kimberly's Nail	Boutique, LLC.		
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the principal office	ce of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
1240 Thomasville Road, Ste. 201 Tallahassee, FL 32303	7107 Ed Wilson Lane Tallahassee, FL 32312		
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.) The name and the Florida street address of the registered agents.	egistered Agent. You must designate an individ	al JUN 27	
Stephanie Reaves Name		70	四色
1882 Capital Circle NE, Ste 105 Florida street address (P.O. Box N		PH 3: 35	C) w
Tallahassee	FL 32308		
City	Zip		•
Having been named as registered agent and to accept serve the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig Chapter Registered Agent's Signature	the appointment as registered agent and agree to fall statutes relating to the proper and complete pations of my position as registered agent as prove 605, F.S	act in th performa	is nce

(CONTINUED)

Page 1 of 2

itle: AMBR" = Authorized Member	
MGR" = Manager	
MGR	Kimberly Pittman-Moore
	7107 Ed Wilson Lane
	Tallahassee, FL 32312
tive date is listed, the date must be specific	ling: <u>June 26, 2014</u> , (OPTIONAL) : and cannot be more than five business days prior to or 90
V: Effective date, if other than the date of fi	ling: <u>June 26, 2014</u> . (OPTIONAL) : and cannot be more than five business days prior to or 90
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