

L14000135256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

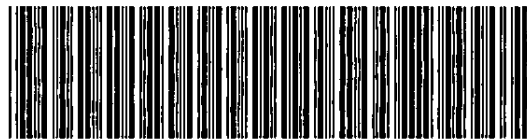
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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EFFECTIVE DATE  
9/1/14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 AUG 28 PM 4: 07

FILED

**M. Gulligren**

AUG 28 2014

3571

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: The Airbrush Store, 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:

Barry E. Hughes, Esq.  
Name of Person

Barry E. Hughes, P.A.  
Firm/Company

900 Big Tree Road  
Address

South Daytona, FL 32119  
City/State and Zip Code

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

For further information concerning this matter, please call:

Barry E. Hughes at ( 386 ) 788-9667  
Name of Person Area Code 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 16, 2014

BARRY E HUGHES ESQ  
900 BIG TREE RD  
S DAYTONA, FL 32119

SUBJECT: THE AIRBRUSH STORE, LLC  
Ref. Number: W14000037386

We have received your document for THE AIRBRUSH STORE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 914A00013003

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** The Airbrush Store, 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:

Josh Bolton  
Name of Person

The Airbrush Store, LLC  
Firm/Company

1312 Mollie Road  
Address

Daytona Beach, FL 32114  
City/State and Zip Code

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

For further information concerning this matter, please call:

Josh Bolton at ( 386 ) 677-4804  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|---|---|---|

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Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Airbrush Store, 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:

880 Airport Road  
Suite 113  
Ormond Beach, FL 32174

1312 Mollie Road  
Daytona Beach, FL 32114

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:

Josh Bolton  
Name  
1312 Mollie Road  
Florida street address (P.O. Box **NOT** acceptable)  
Daytona Beach FL 32114  
City Zip

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TALLAHASSEE, FLORIDA

*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.*

  
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"

**Name and Address:**

Josh Bolton

1312 Mollie Drive

Daytona Beach, FL 32114

"AMBR"

Andrea Bolton

1312 Mollie Road

Daytona Beach, FL 32114

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: September 1, 2014 (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.)

Josh Bolton

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