14000162869

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
	·	·
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	



200265110122

10/15/14--01027--006 **130.00



OET 20 2014 J. BRUCE

EFFECTIVE DATE 10/15/14

Office Use Only

COVER LETTER

	on Section of Corporations					
SUBJECT:		Spa Eagle Creek LLC				
	Name of Li	mited Liability Company				
The enclosed Articl	les of Organization and fee(s) a	are submitted for filing.				
Please return all con	rrespondence concerning this m	natter to the following:				
	NGUYEN, Anh Thi Ng	goc Name of Person				
		Name of Person				
	Nail Boutique & Spa E	Eagle Creek LLC				
		Firm/Company				
	6420 Winder Oaks Bl	vd.				
		Address				
	Orlanda El 22940			77	2014	
	Orlando, FL 32819	City/State and Zip Code		<u> </u>	2014 OCT	Che
	t@nailboutiquespa.c			35	T 5	-
	E-mail address: (to be use	ed for future annual report notifica	ation)	E S		ſ
For further information	tion concerning this matter, ple	ase call:		10 10 13 13	AM 10: 02	
Т	hi Nguyen at (404) 844-3337			: 02	~
	ame of Person		lephone Number	••		
Enclosed is a check	for the following amount:					
l \$125.00 Filing Fee		□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Certificate of S Certified Copy (additional copy)	Status &	ed)	
\overline{R}	Iailing Address egistration Section	Street/Courier Add Registration Section				
	ivision of Corporations O. Box 6327	Division of Corporate Clifton Building	tions			

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Nail Boutique & Spa Eagle Creek t	11.0
	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	
Principal Office Address:	Mailing Address:
6420 Winder Oaks Blvd	6420 Winder Oaks Blvd
Orlando, FL 32819	Orlando, FL 32819
The name and the Florida street address of the registered a NGUYEN, Anh Name 6420 Winder O	Thi Ngoc
Florida street address (P.O. Box 1	NOT acceptable)
Orlando	FL 32819
City	Zip OR OR
the place designated in this certificate, I hereby accept t	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this f all statutes relating to the proper and complete performance gations of my position as registered agent as provided for in

Page 1 of 2

EFFECTIVE DAIE 1015/14

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	-
		- -
MGR	Thi Nguyen	_
	6420 Winder Oaks Blvd	-
	Orlando, FL 32819	-
		- - -
		- -
ective date is listed, the date must be:	nte of filing: Oct 15, 2014 . (OPTIONAL) specific and cannot be more than five business days prior to or	- 90 day:
EV: Effective date, if other than the da		90 day:
E V: Effective date, if other than the datective date is listed, the date must be of filing.) E VI: Other provisions, if any.		90 day:
EV: Effective date, if other than the datective date is listed, the date must be sof filing.)		90 day:
E V: Effective date, if other than the date ective date is listed, the date must be sof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a range of the ection constitutes an affirmation under the end of the end of the ection constitutes any false information under the end of the ection constitutes any false information under the ection constitutes and ection con		
E V: Effective date, if other than the date ective date is listed, the date must be sof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a range of the ection constitutes an affirmation under the entire information under	nember or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State	
E V: Effective date, if other than the date ective date is listed, the date must be sof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a range of the ection constitutes an affirmation under the end of the end of the ection constitutes any false information under the end of the ection constitutes any false information under the ection constitutes and ection con	nember or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)	