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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cir	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

Registration Section

TO:

Division of Corporations		
SUBJECT: RNSDS.LLC		
	mited Liability Company	
The enclosed Articles of Organization and fee(s) a	re submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
Quy Ton	·	
	Name of Person	
Regal Nails, Salon & Spa, LLC		
Negal Nails, Saioli & Spa, LLC	Firm/Company.	
5150 Florida Blvd.	Address	
Baton Rouge, LA 70806	ity/State and Zip Code	
and Grander the area	•	
E-mail address: (to be use	d for future annual report notification)	
For further information concerning this matter, plea	ase call:	
Van Lan	000 \ 0004040	
Van Lam at (2 Name of Person	Area Code Daytime Telephon	e Number
Enclosed is a check for the following amount:	Marron - Ma	
\$125.00 Filing Fee \$\sum \text{S130.00 Filing Fee & Certificate of Status}\$	Certified Copy C	160.00 Filing Fee, ertificate of Status &
		ertified Copy litional copy is enclosed)
	,	
Mailing Address Registration Section	Street/Courier Address Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circ	ele
	Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR	R FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	The state of the s
RNSDS, LLC	
(Must end with the words "Limite	ed 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:
5150 Florida Blvd.	5150 Florida Blvd.
Baton Rouge, LA 70809	Baton Rouge, LA 70809
NRAI Services, Inc. Nam 515 East Park Ave. Florida street address (P.O. Bo	
"I" all also as a se	FL 32301
<u>Tallahassee</u> City	Zio
the place designated in this certificate, I hereby acce capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the o Cha	pervice of process for the above stated limited liability company at apt the appointment as registered agent and agree to act in this is of all statutes relating to the proper and complete performance bligations of my position as registered agent as provided for in pter 605, F.S Toy Schroeder Ast. Scurctary lature (REQUIRED)
(CONTINI	UED)

Page 1 of 2

<u>Fitle:</u> AMBR" = Authorized Member MGR" = Manager	Name and Address:
MGR	Quy Ton
	5150 Florida Blvd. Baton Rouge, LA 70806
	Bator Houge, EA 10000
	المارية الماري المارية المارية الماري
	The state of the s
V: Effective date, if other than the date stive date is listed, the date must be spe	of filing: (OPTIONAL) scific and cannot be more than five business days prior to or 9
CV: Effective date, if other than the date ctive date is listed, the date must be sperfilling.) CVI: Other provisions, if any.	cific and cannot be more than five business days prior to or 9
V: Effective date, if other than the date ctive date is listed, the date must be specifiling.)	
ctive date is listed, the date must be specifiling.) VI: Other provisions, if any.	cific and cannot be more than five business days prior to or 9
V: Effective date, if other than the date ctive date is listed, the date must be specifiling.) VI: Other provisions, if any. managed. REQUIRED SIGNATURE:	mber of an authorized representative of a member.
V: Effective date, if other than the date stive date is listed, the date must be specifiling.) VI: Other provisions, if any. managed. EFOUIRED SIGNATURE: Signature of a mer (In accordance with section 60)	mber of an authorized representative of a member.
V: Effective date, if other than the date stive date is listed, the date must be specifiling.) VI: Other provisions, if any. managed. EFOUIRED SIGNATURE: Signature of a men (In accordance with section 60) constitutes an affirmation under	mber of an authorized representative of a member. 5.0203/(1) (b), Florida Statutes, the execution of this document in the penalties of perjury that the facts stated herein are true.
V: Effective date, if other than the date stive date is listed, the date must be specifiling.) VI: Other provisions, if any. managed. REOUIRED SIGNATURE: Signature of a men (In accordance with section 60: constitutes an affirmation under I am aware that any false inforr	mber of an authorized representative of a member.
V: Effective date, if other than the date stive date is listed, the date must be specifiling.) VI: Other provisions, if any. MEOUIRED SIGNATURE: Signature of a mer (In accordance with section 60: constitutes an affirmation under I am aware that any false information constitutes a third degree felonger.	mber of an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State
V: Effective date, if other than the date stive date is listed, the date must be specifiling.) VI: Other provisions, if any. managed. EFOUIRED SIGNATURE: Signature of a men (In accordance with section 60) constitutes an affirmation under I am aware that any false inforr	mber of an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State

Page 2 of 2