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Office Use Only



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12/04/15--01028--008 **130.00

15 DEC -4 PM 1:55

12/11

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	<u>a</u> .	.t
The name of the Limited Liability Company is:	1 13	PM .
Beaute Nails Spa Cres	view, LLC	
(Must end with the words	Limited Liability Company, "L.L.C.," or "LLC.")	σ ₁
ARTICLE II - Address: The mailing address and street address of the pr	ncipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
309 Crystal Pond Ave.	309 Crystal Pond Ave.	
Deland , FL 32720	Deland , FL 32720	
The name and the Florida street address of the ro	gistered agent are: EN, Anh Thi Ngoc Name	
309 C	ystal Pond Ave.	
Florida street address (O. Box NOT acceptable)	
Delan	i _{FL} 32720	
City	Zip	
the place designated in this certificate, I here capacity. I further agree to comply with the pr	ecept service of process for the above stated limited liability y accept the appointment as registered agent and agree to a visions of all statutes relating to the proper and complete pet the obligations of my position as registered agent as provided that the control of the control of the proper and complete pet the obligations of my position as registered agent as provided that the control of	ect in this erformance
Registered Agen	s Signature (REQUIRED)	

(CONTINUED)

Page 1 of 2

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	;
"MGR" = Manager	*1
MGR	Thi Nguyen
	309 Crystal Pond Ave.
	Deland , FL 32720
<u> </u>	
E V: Effective date, if other than the date ctive date is listed, the date must be spe	of filing: Jan 1st, 2016 . (OPTIONAL) ecific and cannot be more than five business days prior to or
	of filing: Jan 1st, 2016 . (OPTIONAL) ecific and cannot be more than five business days prior to or
E V: Effective date, if other than the date ective date is listed, the date must be spef filing.)	
E V: Effective date, if other than the date ective date is listed, the date must be spef filing.)	
E V: Effective date, if other than the date ctive date is listed, the date must be specifiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men (In accordance with section 60) constitutes an affirmation under I am aware that any false information.	mber or an authorized representative of a member.
E V: Effective date, if other than the date ective date is listed, the date must be specifiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men (In accordance with section 60) constitutes an affirmation under I am aware that any false information.	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
E V: Effective date, if other than the date ective date is listed, the date must be specifiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men (In accordance with section 60) constitutes an affirmation under I am aware that any false information.	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State

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COVER LETTER

TO:

TO:	Registration Division of	n Section Corporations						
SUBJI	ECT:							
Name of Limited Liability Company								
The en	closed Articles	s of Organization and fee(s) are	submitted for	filing.			
Please	return all corre	espondence concerning th	is ma	tter to the follo	owing:			
	 	NGUYEN, Anh Thi	i Ngc	OC Name of Per	eon.			
				14ame of 1 ci	3011			
		Beaute Nails Spa Crestview, LLC						
		Firm/Company						
		309 Crystal Pond Ave.						
	-	Address						
		Deland, FL 32720						
				ty/State and Zi	ip Code			
		t@nailboutiquespa E-mail address: (to be	a.cor used	n for future ann	ual report notifica	ntion)		
For fur	ther information	on concerning this matter,	pleas	se call:				
	Th	i Nguyen	at (404)_	844-3337			
	Nai	me of Person		Area Code	Daytime Tel	lephone Number		
Enclos	ed is a check f	or the following amount:						
] \$ 125.0	00 Filing Fee	\$130.00 Filing Fee of Certificate of Status		S155.00 F Certified C (additional co		☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed		
		niling Address			eet/Courier Add	ress		
		gistration Section vision of Corporations			gistration Section vision of Corporat	tions		
	P.C	P.O. Box 6327		Clifton Building				
	Tal	Tallahassee, FL 32314			2661 Executive Center Circle			

Tallahassee, FL 32301