

L16000043590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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02/25/16--01013--006 **125.00

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16 FEB 25 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03-04-14

Nhi Le
17604 Collins ave
Sunny Isles Beach, FL 33160

Division of Corporation
P.O.Box 6327
Tallahassee, FL 32314

Feb 22, 2016-02-20

Re. : name of my LLC

Dear Sir/Madam,

My name is Nhi Le, as known as Nhi HoangPhuong Le. I owned the LLC named "Blushing Beauty LLC" since 2012. I dissolved it a year ago. Now I would like to get it back for myself. Also, I would like to explain about my name, on my driver license it is Nhi HoangPhuong Le., but I would like to keep my name as Nhi Le. I appreciate very much if I can get the name "Blushing Beauty LLC" back for myself.

Best regards

A handwritten signature in black ink, appearing to be 'Nhi Le' with a stylized flourish at the end.

Nhi Le

From: Nhi <nhi2004@aol.com>

To: limitedonline <limitedonline@dos.state.fl.us>

Subject: Re: Corporate Filing - 900280897059

Date: Wed, Feb 17, 2016 12:28 pm

Dear Sir, madam

I am sorry i have been too busy to work on this.

Please refund for me, as I want to keep the same name Blushing beauty LLC. i don't

want different name. I own this name for 2 years, then dissolved it. now i want it back for myself.

I am going to send it by mail to get back this name.

thank you very much

Nhi Le

-----Original Message-----

From: limitedonline <limitedonline@dos.state.fl.us>

To: NHILE2004 <NHILE2004@AOL.COM>

Sent: Thu, Jan 21, 2016 12:49 pm

Subject: Corporate Filing - 900280897059

Document Number: W16000004153

Entity Name: BLUSHING BEAUTY LLC

Tracking Number: 900280897059

Pin Number: 7059

We received your online transmitted document. However, the document has not been filed for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation, unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

One or more major words may be added to make the name distinguishable.

The document number of the name conflict is L12000121436 - BLUSHING BEAUTY LLC.

To make the necessary corrections to your filing, return to our website at www.sunbiz.org and click on "E-Filing Services", and then choose the type of filing you are trying to correct.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BLUSHING BEAUTY 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:

17604 COLLINS AVE

SUNNY ISLES BEACH, FL 33160

Mailing Address:

17604 COLLINS AVE

SUNNY ISLES BEACH, FL 33160

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:

NHI LE

Name

17604 COLLINS AVE

Florida street address (P.O. Box **NOT** acceptable)

SUNNY ISLES BEACH FL

33160

City

State

Zip

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 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)

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16 FEB 25 PM 1:59
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TALLAHASSEE, FL 32301

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:

NHI LE

17604 COLLINS AVE

SUNNY ISLES BEACH, FL 33160

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

nhi le

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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