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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name

: LEGALZDOM.COM INC.

Account Number : I20010000062

Phone

: (323)962-8600

Fax Number

: (323)962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

盂

FLORIDA LIMITED LIABILITY CO.

Renewal Laser Tattoo Removal, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

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Corporate Filing Menu

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32396245

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Renewal Laser Tattoo Removal, 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:
Chevenne Moseley Name of Person
LegaiZcom.com, inc. Firm/Company
100 W Broadway, Suite 100 Address
Glendale, CA 91210 City/State and Zip Code
onlinefilings@legalzoom.com L-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Chevence Moselev at (323) 962-8600 sixt 7625 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &

Malling 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

Certified Copy (additional copy is enclosed)

Certified Copy (additional copy is enclosed)

32396245

An	HCI2SOF ORGANIZATION	PORTLOIGHALAN	HIED ITABILALI (C	NATLYOR
ARTICLE I - Name: The name of the Limi	ited Liability Company is:			
Renewal Leser Tat	too Removal, LLC (Must end with the words "L	imitad Liabilia, Ca		with the same
,	(wiggi eng with me words E	initied Likeliny Co	mpany, L.E.C., or	LLC.)
ARTICLE II - Addr	ers:			
The mailing address a	and street address of the princ	ipal office of the L	imited Liability Cor	npany is:
Principal Office Add	dress:	Mailing /	Address:	
11151 Nantucket B	Inv Court			
Wellington, Florida				
		•		
another business enti	y Company cannot serve as it ity with an active l'iorida regionida street address of the region Alv E. Sekrisson	atration.)	gent, You must des	ignate an individual or
		Name		
	11151 Nantucket Bay C	ourt		
	Florida street address (P.	O. Box <u>NOT</u> accop	(aplc)	
	Weilington.	FL	33414	
	City		Zip	
the place designa capacity. I further	us registored agent and to acc ted in this vertificate, I hereby agree to comply with the prov I am familiar with and accept	accept the appoint isions of all statutes	ment as registered a relating to the prop ny position as registe	gent and agree to act in this er and complete performan

Registered Agent's Signature (REQUIRED) Alv E. Sakrisson

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Alv E. Sakrisson
	11151 Nantucket Bay Court Wellington, Florida 33414
AMBR	JoΛnn M. Sakrisson
	11151 Nantucket Bay Court Wellington, Florida 33414
AMBR AV	E. Sekriseun and Joann M. Sakriseun, as Trustees of the SAKRISSON FAMILY TEMANCY BY THE ENTIRET, ES TRUST dated August 30, 2
· · · · · · · · · · · · · · · · ·	11151 Nantucket Bay Court Wellington, Florida 33414
(Use attachment if necessary)	
ATTICLE V: Effective date, if other than the	ne date of filing:
ETICLE V: Effective date, if other than the an effective date is listed, the date must	be specific and cannot be more than five business days prior to or 90 days after
ETICLE V: Effective date, if other than the an effective date is listed, the date must date of filing.) ETICLE VI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90 days after
ETICLE V: Effective date, if other than the an effective date is listed, the date must date of filing.) ETICLE VI: Other provisions, if any.	be specific and cannot he more than five business days prior to or 90 days after
ATTCLE V: Effective date, if other than the an effective date is listed, the date must date of filing.) ATTCLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with sectionstitutes an aftirmation I am aware that any false.	be specific and cannot he more than five business days prior to or 90 days after

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)