

L16 000 122260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

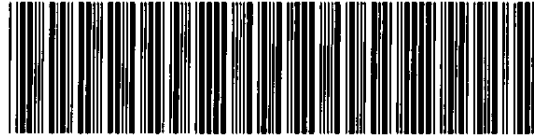
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
SEP 16 2016 AT  
16 JUN 30 PM 3:27  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 JUN 30 PM 3:31

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CITY DAY SPA 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:

LUU NGUYEN  
Name of Person

Firm/Company

1500 Apalachee Pkwy, Ste 2425, Tallahassee FL  
Address

Tallahassee, FL, 32301  
City/State and Zip Code

LUU2008USA@GMAIL.COM  
e-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luu Nguyen at ( 540 ) 305 7970  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

I Quac-Thany Mai owner of CITY DAY SPA LLC  
authorise and permit and request to release my LLC name  
to the public, I have no intention to re-register.

Regards: Quac Mai

Quac-Thany Mai

6/30/16

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CITY DAY SPA 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:

1500 Apalachee Pkwy  
STE 2425  
Tallahassee, FL 32301

Mailing Address:

1500 Apalachee Pkwy  
STE 2425  
Tallahassee, FL 32301

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:

LUU NGUYEN

Name

1500 Apalachee Pkwy, STE 2425

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

Tallahassee FL 32301

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 I 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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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:

LUU NGUYEN  
1500 Apalachee Pkwy  
STE 2425  
Tallahassee FL, 32301

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 6/30/16 (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.

LUU NGUYEN

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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TALLAHASSEE FLORIDA

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