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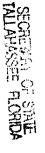
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Massage By Alicia, LLC Hame 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:
Alicia Porter Name of Person
Massage By Alicia, LLC Firm/Company
219 E 5th Ave
Tallahassee, FL 32303 City/State and Zip Code
Alicia porter Int Ognail. com L'mail address! (to be used for future emulai report totification)
For surther information concerning this matter, please call:
Alicia Porter at 850 491-8018 Name of Person Area Code Daytime Felephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \times S130.00 Filing Fee \times S155.00 Filing Fee \times S160.00 Filing Fee, Certificate of Status \times Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, 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 Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
Massage By Alicic (Must end with the words "Limited Liability C	a LLC 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:
Z19 E 5th Ave Tallahasser, FL 32303	P.O. BOX 1047 Crawfordville, FL 32326

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:

Name

123 Edgar Poole Road

orida street address (P.O. Box No. 2 acceptable)

Crawford ville FL 32327

Cit

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. Thereby 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)

Page 1 of 2

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["	MGR" - Manager MGZ		Alicia 423 F Crawfi		e Road L 3232	1	
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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)