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## **COVER LETTER**

	gistration Section vision of Corporations	
SUBJECT:	Nikki T	nuy, LLC
5055501.	Name of L	mited Liability Company
The enclosed	d Articles of Organization and fee(s) a	are submitted for filing.
Please return	all correspondence concerning this n	natter to the following:
-	Thuy 1	lguyen
	_	Name of Person
_	Glitz)	Vail Bar + Spa Firm/Company
		Firm/Company
-	4507 C	reekmore St. Address
_	Pensasla	FL 32505 City/State and Zip Code OUT. Spa a 9 mail, Com d for future annual report notification)
	alitzmall	City/State and Zip Code
_	E-mail address: (to be use	d for future annual report notification)
For further inf	formation concerning this matter, plea	se call:
-	Thuy Nguyen at (	Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:	
\$125.00 Fili	ing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address
	New Filing Section Division of Corporations	New Filing Section Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The mailing address and street address of the principal office of the Limited Liability Company is:

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

ARTICLE I - Name:

**ARTICLE II - Address:** 

The name of the Limited Liability Company is:

another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

	Thu4	Nguye	m			
		Name J				
	4504 C	reekmore	. St.			
	Florida street address (I	P.O. Box NOT ac	cceptable)			
	Pensacok	FL	32505			
	City	State	Zip			
Having been named as registered age place designated in this certificate, I further agree to comply with the provam familiar with and accept the oblig	hereby accept the appoin visions of all statutes rela- gations of my position as	ntment as registere ting to the proper	d agent and agree to act and complete performan is provided for in Chapte	in this capacity. ice of my duties, a	I	
	(	CONTINUED)		Zm	20,	
		Page 1 of 2		EARASSEE FLORI	1016 SEP 16 PM 3: 2	

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	130ng Dang
	4507 Creekmore Y.
	Yensacola, FL 32505
_mGR	Thuy Nguyen
	4507 Creekmore St.
	Penshing FL 32505
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	<del></del>
ate of filing.)	
	meet the applicable statutory filing requirements, this date will not be lit of State's records.
ocument's effective date on the Department	· · · · · · · · · · · · · · · · · · ·
ocument's effective date on the Department	· · · · · · · · · · · · · · · · · · ·
CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	of State's records.
Ocument's effective date on the Department ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a m	t of State's records.
REQUIRED SIGNATURE:  Signature of a m This document is executed and aware that any false.	nember or an authorized representative of a member. uted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State
REQUIRED SIGNATURE:  Signature of a m This document is executed and aware that any false.	nember or an authorized representative of a member. uted in accordance with section 605.0203 (1) (b), Florida Statutes.
REQUIRED SIGNATURE:  Signature of a m This document is executed and aware that any false.	nember or an authorized representative of a member. uted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State
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REQUIRED SIGNATURE:  Signature of a m This document is executed and aware that any false.	nember or an authorized representative of a member.  uted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.  Thuy Nguyen  Typed or printed name of signee
REQUIRED SIGNATURE:  Signature of a m This document is exect I am aware that any fals constitutes a third degree	nember or an authorized representative of a member.  uted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.

ARTICLE IV-

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