

L16 000178239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

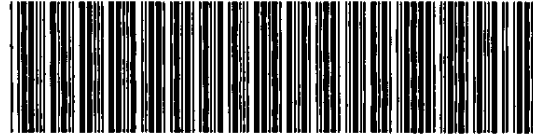
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 AUG 12 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. SAMS
SEP 26 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 19, 2016

KRISTEN VAUGHAN
ILASH AND SKIN STUDIO, LLC - *changing name*
525 KAYS LANDING
SANFORD, FL 32771

SUBJECT: ILASH AND SKIN STUDIO, LLC

Ref. Number: W16000057737

We have received your document for ILASH AND SKIN STUDIO, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is distinguishable on our records. However, the name is similar to a name already on file with this office. Therefore, the use of this name may result in future complications. The name of the existing entity is : ILASH STUDIO & SKIN LLC.

L12000121832, document nur

You may 1.) resubmit the document under the current name; or 2.) choose to file under another name. If you choose to file under another name, please make the appropriate correction throughout the document(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams
Regulatory Specialist II

Letter Number: 616A00017592

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DIVISION OF CORPORATIONS

*eye Blink Mink
3. Brow Studio*

16 SEP 23 AM 11:05
RECEIVED
TALLAHASSEE
DIVISION OF CORPORATIONS
BUREAU OF COMMERCE
INFORMATION SERVICES

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ILASH and SKIN STUDIO, LLC Eye Blink Mink and
Name of Limited Liability Company Brow Studio, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kristen Vaughan
Name of Person

ILASH and SKIN STUDIO, LLC
Firm/Company

525 KAYS LANDING
Address

SANFORD, FL 32771
City/State and Zip Code

JmicheleCunningham@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristen Vaughan at 407.790.2358
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Eye Blink MINK and Brow Studio, 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:

525 Kays landing DR
Sanford, FL
32771

Mailing Address:

525 Kays landing DR
Sanford, FL 32771

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:

Kristen Vaughan

Name

525 Kays landing DR

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

Sanford FL 32771

City, State, and 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 608, F.S.

K. Vaughn

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

~~Kristen~~ AMBR
MGR
mg.

Name and Address:

Kristen Vaughan
525 Kays Landing
Sumner, FL 32751
Jan Cunningham
453 Raccoon St
Lk Mary, FL 32746

(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:

Kristen Vaughan

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.

Kristen Vaughan

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)