

L16000178535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

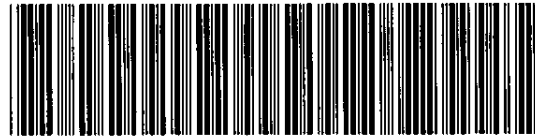
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



300290380203

FILING CANCELLED
RETURNED CHECK

300290380203
09/26/16--01004--012 **130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 SEP 26 AM 11:55

APPROVED
AND
FILED

NOT RETURNED
IF ACKNOWLEDGE
SUFFICIENCY OF FILING

16 SEP 26 AM 11:42

RECEIVED
SEP 26 2016

C. GOLDEN
SEP 26 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ProminentLuxe Spa & beauty Lounge
Name of Limited Liability Company L.L.C

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

Please return all correspondence concerning this matter to the following:

Erin Neal McNeal
Name of Person

Firm/Company

2764 W Tennessee St #2
Address

Tallahassee FL 32304
City/State and Zip Code

prominet.keemz@icloud.com
E-mail address: (to be used for future annual report notification)

STATE
TALLAHASSEE
FLORIDA

16 SEP 26 AM 11:56

APPROVED
AND
FILED

For further information concerning this matter, please call:

Erin Neal McNeal (850) 321-0881
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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

APPROVED
AND
FILED

16 SEP 26 AM 11:56

ARTICLE I - Name:

The name of the Limited Liability Company is:

Prominent @ Luxe Spa & Beauty Lounge LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

SECRET
TALLAHASSEE FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

1904 Sherwood Dr
Tallahassee FL 32303

Mailing Address:

1904 Sherwood Dr
Tallahassee FL 32303

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:

Eristeria McNeal
Name

2764 W Tennessee St. H2
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee FL 32303
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.

Go Maul
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

AMBR

MGR

MGR

Name and Address:

Eristeria McNeal

1904 Sherwood Dr. Tallahassee FL

Eric McNeal

1904 Sherwood Dr. Tallahassee FL

Hennannah Clayton

1904 Sherwood Dr. Tallahassee FL

(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:

Eristeria McNeal
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.

Eristeria McNeal

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)