

L17000255212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

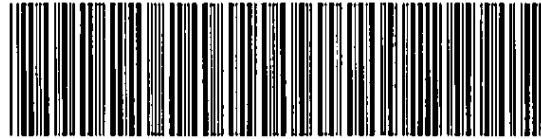
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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DEC 14 2017

K. Brumbley

**Concept Management Systems, Inc.**

1648 Taylor Road, Suite 333

Port Orange, FL 32128

(386) 262-1110 office

(386) 254-2184 fax

mikeyov@gmail.com

December 11, 2017

New Filing Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: New Filing for THAI NAILS AND SPA, LLC.

Dear New Filing Section,

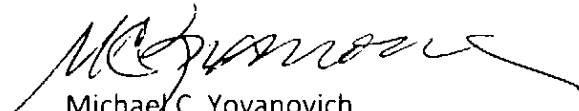
Please find attached Cover Letter, Articles of Organization and payment for processing the subject new company. Our office has prepared the documents for the new Members.

If there any questions, please contact our office at the address and numbers above.

Copies of final documents may be emailed to: mikeyov@gmail.com

Thank you for your assistance.

Sincerely,



Michael C. Yovanovich  
Business Consultant

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** THAI NAILS AND 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:

KITTIYA ROSINSKY  
\_\_\_\_\_  
Name of Person  
  
\_\_\_\_\_  
Firm/Company  
  
41 NORTH ST. ANDREWS DR  
\_\_\_\_\_  
Address  
  
ORMOND BEACH FL 32174  
\_\_\_\_\_  
City/State and Zip Code  
  
KITTYROSINSKY@GMAIL.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KITTIYA ROSINSKY      386      316-8162  
\_\_\_\_\_  
Name of Person      Area Code      Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$125.00 Filing Fee	<input checked="" type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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**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:

THAI NAILS AND SPA LLC

(Must contain 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:

Mailing Address:

41 NORTH ST. ANDREWS DR  
ORMOND BEACH FL 32174

41 NORTH ST. ANDREWS DR  
ORMOND BEACH FL 32174

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:

KITTIYA ROSINSKY

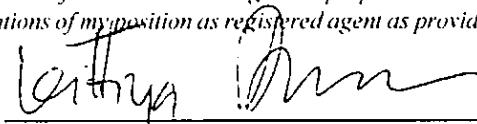
Name

41 NORTH ST. ANDREWS DR

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

<u>ORMOND BEACH</u>	<u>FL</u>	<u>32174</u>
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)

**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 \_\_\_\_\_

AMBR \_\_\_\_\_

AMBR \_\_\_\_\_

\_\_\_\_\_

**Name and Address:**

KITTIYA ROSINSKY  
41 NORTH ST. ANDREWS DR  
ORMOND BEACH FL 32174

WARANGKHANA MORROW  
6 SEAMAIDEN PATH  
PALM COAST FL 32164

NARISARA JATTURAS  
2067 JESSAMINE CT  
DELTONA FL 32738

N/A  
\_\_\_\_\_  
\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: JANUARY 1, 2018 (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.

NONE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.

KITTIYA ROSINSKY

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)