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	Requestor's Name)			
(	Address)			
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	City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
:				

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T. SCOTT



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## COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Tan barne of Limited Liabili	Tanning Scilen', LL	Ć.
The enclosed Articles of Organization and fee(s) are submitted	for filing.	
		. See See
Please return all correspondence concerning this matter to the f	ollowing:	
Rosemary	Smith	
Marke of	1 (1301)	
85 Catawba T	rail	
Addı	ress	
Craw Rorduille	nd Zip Code  5 E G mail. Com  annual report notification)	
City/State ar	nd Zip Code	•
RM 5121 171/62	oppual report positication)	
E-mail address: (to be used for future	amual report normounterly	
For further information concerning this matter, please call:		
Name of Person Area Code	661-7960	८५ - ्रास्त्र अस्य अस्ति ८
Name of Person Area Code	Daytime Telephone Number	
Enclosed is a check for the following amount:		
	5.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status &	
	onal copy is enclosed) Certified Copy	
	(additional copy is enclosed)	•
	Street Address	
Mailing Address  New Filing Section	New Filing Section	
Division of Corporations	Division of Corporations Clifton Building	
P.O. Box 6327 Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Elability Company is.		•
Tanbooteez  (Must contain the words "Limited Liability	Tanning Company, "L.L.C.," or "L.C.	Salon, LLC

ARTICLE II - Address:

ARTICLE 1 - Name:

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

Principal Office Address:	Mailing Address:
2500-B	85 Catawba Trail
Crawkordulle Highuy	Cruipodoille FL
Couracion lin Pu 32327	

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:

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.

(CONTINUED)

	uthorized to manage and control the Limited Liability  Name and Address:	Company:
Title:  "AMBR" = Authorized Member  "MGR" = Vlanager	Name and Address.	Note that is the
•		
Rosemary Smith	85 Catawha Tr	Ca: 1 C 32327
<b>,</b>		·
•		
		<del></del>
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(Use attachment if necessary)	•	•
ARTICLE V: Effective date, if other than the d	ate of filing: (OP	FIONAL)
(If an effective date is listed, the date must be	specific and cannot be more than five business days	•
Note: If the date inserted in this block does no	of meet the applicable statutory filing requirements, the	nis date will not be listed as
the document's effective date on the Departme	ent of State's records.	, Note that the same of the
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE		
f 1/ ->	in Smith	
Signature of	member or an authorized representative of a mer	nber.
This document is ev	ecuted in accordance with section 605.0203 (1) (b), False information submitted in a document to the Department	Torida Statutes.
constitutes a thirth do	gree felony as provided for in s.817.155, F.S.	
6 · 1	$C \cdot \mathcal{U}$	•

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)