

L190000012328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

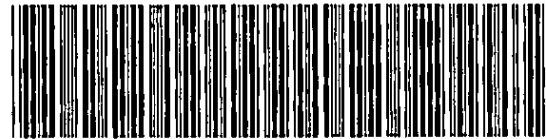
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300321418603

12/13/18--01008--031 **180.00

19 JAN 11 PM 2:26
CLERK OF COURT
CLERK OF COURT

JAN 15 2019

K. PAGE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 19, 2018

SIDHBH GALLAGHER
408 APT J CANAL VIEW WAY
INDIANAPOLIS, IN 46202

SUBJECT: GALLAGER AESTHETICS LLC
Ref. Number: W18000108718

We have received your document for GALLAGER AESTHETICS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

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.

Keyna E Page
Regulatory Specialist II

Letter Number: 718A00025988

— —

2:13
ATTORNEY
GENERAL
FILES

2019 JAN

COVER LETTER

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

SUBJECT: Gallagher Aesthetics 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:

Sidhbh Gallagher

Name of Person

Firm/Company

408 apt J Canal View Way

Address

Indianapolis, Indiana 46202

City/State and Zip Code

sidhbh@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sidhbh Gallagher 215 2066550
Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

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

Gallagher Aesthetics 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:

408 apt J Canal View Way
Indianapolis,
Indiana 46202

Mailing Address:

408 apt J Canal View Way
Indianapolis,
Indiana 46202

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:

<u>Valarie Hart</u>		
Name		
<u>1000 West Ave #1124</u>		
Florida street address (P.O. Box NOT acceptable)		
<u>Miami Beach</u>	<u>FL</u>	<u>33139</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..

Valarie Hart
Registered Agent's Signature (REQUIRED)

(CONTINUED)

19 JAN 11 PM 2:25
FILE
CLERK
STATE OF 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

AMBR

Name and Address:

Sidhbh Gallagher

408 apt J Canal View Way

Indianapolis, Indiana 46202

(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:



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.

Sidhbh Gallagher

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)

19 JAN 11 PM 2:26
RECEIVED
CLERK OF THE
DEPARTMENT OF
STATE