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## COVER LETTER

	New Filing Sec Division of Co			
SUBJEC*	J&JNails r∙	of St. Augustine, LLC		
.,0141.0	· · -	Name of Lin	nited Liability Company	
The enclo	sed Articles of	Organization and fee(s) are	e submitted for filing.	
Please ret	urn all corresp	ondence concerning this ma	ater to the following:	
	Oahn Thi Pl	nung		_
			Name of Person	
	J & J Nails o	of St. Augustine, LLC		
			Firm/Company	
	4945 Cypres	s Links Blvd.		
			Address	
	Elkton, FL 3	2033		
		C	ity/State and Zip Code	
		E-mail address: (to be used	for future annual report notificat	ion)
For further	information co	ncerning this matter, please	call;	
	Oahn Thi Ph	ung 90	392-8062	
	Nam	ue of Person A	rea Code Daytime Telephon	e Number
Enclosed	is a check for t	he following amount:		
□\$125.0	0 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)
		ng Address	Street Address	
		iling Section	New Filing Section D: The Centre of Tallaha	

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liab	oility Company is:		
J & J Nails of St. A	Augustine, LLC		
(Must co	ontain the words "Limited	Liability Company, "	L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and stree	t address of the principal of	office of the Limited I	Liability Company is:
<u>Princ</u>	cipal Office Address:		Mailing Address:
4945 Cypress Linl	ks Blvd.	4945	Cypress Links Blvd.
Elkton, FL 32033		Elktor	n, FL 32033
ARTICLE III - Registered / (The Limited Liability Compa another business entity with a	my cannot serve as its owr	i Registered Agent, Y	ou must designate an individual or
The name and the Florida stre	eet address of the registere	d agent are:	
	Oahn Thi Phung		
		Name	<del></del> -
	4945 Cypress Links	Blvd.	
	Florida street addres	ss (P.O. Box <u>NOT</u> acc	ceptable)
	Elkton	Florida	32033
	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:

"MGR" = Manager  MGR  Oahn Thi Phune 4945 Cypress Links Blyd.  Fikton. FL 32033  (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:  of filing.  If the date inserted in this block does not need the applicable statutory filing requirements, this date will not be becoment's effective date on the Department of State's records.  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  REQUIRED SIGNATURE:  Oahn Thi Phune  Typed or printed name of signee  Filing Fees:  S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional)	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:		
(Use attachment if necessary)  CLE V: Effective date, if other than the date of tiling:  (OPTIONAL)  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days to of filing.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be becoment's effective date on the Department of State's records.  CLE VI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a number of an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I can ware that any like information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.135, F.S.  Oahn Thi Phune  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)		Oahn Thi Phung
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