

L21000478471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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2021 NOV -8 AM 11:37

STATE

✓

COVER LETTER

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

SUBJECT: MII NAILS & 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:

CRISTINA THU HUE NGUYEN
Name of Person

MII NAILS & SPA LLC
Firm/Company

1346 E VINE ST
Address

KISSIMMEE
City/State and Zip Code

FLORIDA 34744 minails1001@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CRISTINA THU HUE NGUYEN 407 393-7292
at ()
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 15, 2021

CRISTINA THU HUE NGUYEN
1346 E VINE STREET
KISSIMMEE, FL 34744

SUBJECT: MII NAILS & SPA LLC
Ref. Number: W21000137180

We have received your document for MII NAILS & SPA LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Neysa Culligan
Regulatory Specialist III

Letter Number: 121A00025179

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2021 OCT -8 PM 4:16

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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SECRETARY OF STATE
331 W. PALM BLVD. E. FL

ARTICLE I - Name:

The name of the Limited Liability Company is:

MII NAILS & 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:

1346 E VINE ST KISSIMMEE FL 34744

Mailing Address:

9996 SAVANNAH BLUFF LANE
ORLANDO FL 32829

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:

CRISTINA THU HUE NGUYEN

Name

1346 E VINE ST

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

KISSIMMEE

FLORIDA

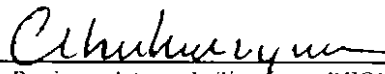
34744

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:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

OWNER / Manager (MGR) CRISTINA THU HUE NGUYEN
1346 E VINE ST KISSIMMEE FL 34744

(Use attachment if necessary)

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SECRETARY OF STATE

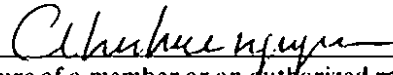
ARTICLE V: Effective date, if other than the date of filing: 10/11/2021 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

MII NAILS & SPA TAX ID 87-2169538

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.

CRISTINA THU HUE NGUYEN
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)