125000 155798

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(200,		
(Document Number)		
(Bocament Namber)		
Contification of Status		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer.		

Office Use Only



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NECEIVED 2025 APR -9 PM 3: 23

COVER LETTER

TO: New Filing Section Division of Corporations		ι
SUBJECT: 99 Nails Name of Lim	atted Liability Company	
The enclosed Articles of Organization and fee(s) are	submitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
THUY -	T NGUYTH	2025 APR -9 AM 9: 47
	Name of Person	: ⊃ŏ ∴ I
99	Naile	9 /
	Firm/Company	(i), (g
5941 Berry	hill Road	(Suite Lin) 5
	Lorida 325: ity/State and Zip Code <u>A Ya hoo, wo m</u> for future annual report notificati	
For further information concerning this matter, please		
THUY T NGUYEN at (3		
Production is the set of the set		
Enclosed is a check for the following amount:		-a
□S125.00 Filing Fee	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street Address	

. . . .

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:				
(Must contain the words "Li		pany, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the principle.	cipal office of the Li	imited Liability Company is:		
Principal Office Addres	<u>ss</u> :	Mailing Addr	ess:	
5941 Berryhill enter L Milton, FL 325	Loari 70	5941 Berryhill Milton , FL	<u>Aloacl</u> S	uite L
ARTICLE III - Registered Agent, Registered C (The Limited Liability Company cannot serve as i another business entity with an active Florida reg	ts own Registered A		lividual or	2025 APR -9
The name and the Florida street address of the reg	=		} 	70
	19 T N6 Name	UYFM	.50	
5941	Berry hill	Road Sute L	[n],	M 9: 47
Florida street	address (P.O. Box 🗴	OT acceptable)	17 : 13 : 17 : 17 : 17 : 17 : 17 : 17 :	1,7
Milto	on FL	32570 Zip		
City	State	Zip		
Having been named as registered agent and to accept to place designated in this certificate. I hereby accept to further agree to comply with the provisions of all sta am familiar with and accept the obligations of my po	he appointment as re tutes relating to the p	gistered agent and agree to act i proper and complete performanc	in this capacity. 1 re of my duties, and	
	Registered Agentis:	Signature (REQUIRED)		
		- 6		
	(CONTINU	ED)		

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	THUY T NGUYEN 5941 Borry Mill road Suite L Millon FK 32570
	2025 AI
(Use attachment if necessary)	MPR -9 6M 9: 47
If an effective date is listed, the date must be spe he date of filing.)	of fiting:
REQUIRED SIGNATURE: ,	
7/10	ULNIL
This document is execut I am aware that any false	inher or an authorized representative of a member. and in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State a felony as provided for in s.817.155, F.S.
	THUY T NGUYEN Typed or printed name of signee

as

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)