# MOW/00/00/3838

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<b>⇒</b> #)
PICK-UP	☐ WAIT	MAIL
	,	
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
W04-2	1174	
1 1001	<del></del>	

Office Use Only



400061080924

06/12/06--01007--009 \*\*160.00

SECRETARY OF STATE DIVISION OF COPPORATION





June 14, 2006

DAVID ALLEN KENNEDY, ESQ. 1864 B INDEPENDENCE SQUARE ATLANTA, GA 30338

SUBJECT: SUTHMI DAY SPA, LLC

Ref. Number: W06000027179

We have received your document for SUTHMI DAY SPA, 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 person designated as registered agent in the document and the person signing as registered agent must be the same.

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) 245-6984.

Deborah Bruce Document Specialist

Letter Number: 406A00040385

SECRETARY OF STATE DIVISION OF CORPORATIONS

#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Suthmi Day Spa, LLC (Name of Limit	ted Liability Company)
• • • • • • •	bility Company for Authorization to Transact Business in bmitted to register the above referenced foreign limited
Please return all correspondence concerning this ma	atter to the following:
David Allen Kennedy, Esc	
(Nar	me of Person)
The Law Firm of David Aller	n Kennedy
(Fin	m/Company)
1864 B Independence S	Square
	(Address)
Atlanta, GA 30338	SECRETA SECRET
(City/Sta	ate and Zip Code)
For further information concerning this matter, plea	ase call:
David Allen Kennedy, Esq.  (Name of Person)	at (_770) 396-1876(Area Code & Daytime Telephone Number)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:  \$\Bigsim \mathbb{\text{\$125.00 Filing Fee}} \Bigsim \mathbb{\text{\$130.00 Filing Fee}} \& \text{Certificate of } \text{\$130.00 Filing Fee} \\ \$\Bigsim \mathbb{\text{\$130.00 Filing Fee}} \\ \$\Bigsim \mathbb{\text{\$100.00 Filing Fee}} \\ \$\Bigsim \text{\$	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate Status Certified Copy of Status & Certified Copy

#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Suthmi Day Spa, LLC	
(Name of Foreign Limite	ed Liability Company)
Georgia	3. 20-4981887
(Jurisdiction under the law of which foreign limited liabilit company is organized)	ity (FEI number, if applicable)
May 4, 2006	<sub>5.</sub> Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
(Date first transacted business in (See sections 608.501 & 608.502	n Florida, if prior to registration.) F.S. to determine penalty liability)
3165 Sugarloaf Parkway	
Duluth, GA 30097	
(Street Addr	ress of Principal Office)
. If limited liability company is a manager-manag	and company chack hara
If finited habitity company is a manager-manag	ged company, check here
The name and usual business addresses of the m	nanaging members or managers are as follows:
Richard L. Kendrick 3165 Sugarloaf Park	kwav. Duluth. GA 30097
	<del></del>
	<b>8</b>
	n 90 days old, duly authenticated by the official having custody officory is not acceptable. If the certificate is in a foreign language, a
e junisdiction funder the law of which it is organized. (A prioto anslation of the certificate under oath of the translator must be s	
	<del>_</del> _
1. Nature of business or purposes to be conducted	d or promoted in Florida: Day Spa
	// / / / / / / / / / / / / / / / / / / /
Signature of a member or an	authorized representative of a member.
(In accordance with section 608.408(3	n authorized representative of a member.  3), F.S., the execution of this document constitutes  The perjury that the facts stated herein are true.

Typed or printed name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

. The name	and the Florida street addres	s of the registered agent and office are	e:
	Ophelia Alexandra	Wilson	
		(Name)	
	1870 N. Young C Florida Street A	r. ddress (P.O. Box <u>NOT</u> ACCEPTABLE)	2006 JUL 1
	Hollywood,	FL 30020	
		City/State/Zip	oove stated limite <b>R</b>

obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

## STATE OF GEORGIA

#### **Secretary of State**

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

### CERTIFICATE OF ORGANIZATION

I, Cathy Cox, the Secretary of State and the Corporations Commissioner of the State of Georgia, hereby certify under the seal of my office that

#### SUTHMI DAY SPA, L.L.C.

a Domestic Limited Liability Company

has been duly organized under the laws of the State of Georgia on 05/04/2006 by the filing of articles of organization in the Office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on May 4, 2006



Cathy Cox Secretary of State 2006 III II ANII-O2