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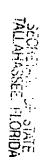
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Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		





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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: K&M Medical Spart Waxing 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:
Jenniffer Attins Name of Person
Jenniffer Permits Firm/Company
6071 Barth Rd Address
City/State and Zip Code PNo Dermit @ Gmail.com E-mail-address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status

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 I - Name:

The name of the Limited Liability Company is:

(Must contain the words "Limited Lidbility Company. "L.L.C.," or "LDE.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
9735 Old St Avaustine Rd	LADTI BOAH Rd
Ste B	Jax F1 32219
Jax F1 32257	

ARTICLE 111 - 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:

Name

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

State

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)

The name and address of each person authorized to manage and control the Limited Liability Company:		
<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
_MGR	Vieira, Marlene G Loyai Barth Rot Loya Fi 32219	
mó R	Mohammadian, Abdolreza	
m6R	Vieira Marcelo Gent Parth Ro Jan Fl 32219	
mGR	Miranda, Keila Rd	
(Use attachment if necessary)		
(If an effective date is listed, the date must be spe the date of filing.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed as of State's records.	
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:		
This document is execute I am aware that any false constitutes a third degree	mber or an authorized representative of a member, ed in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.	
Marlen	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)

ARTICLE IV-