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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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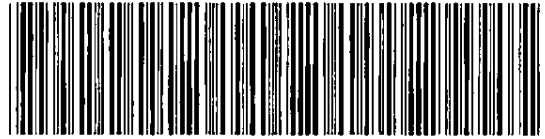
(Business Entity Name)

(Document Number)

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## *John T. Driscoll, P.A.*

Certified Public Accountant \ MBA

825 SE 3<sup>rd</sup> Ave, Suite 200

Ocala, FL 34471

Member AICPA, FICPA

Telephone (352) 622-5664

Fax (352) 671-5373

E-mail: [john@ocalaaccounting.com](mailto:john@ocalaaccounting.com)

February 4, 2025

Secretary of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

To Whom It May Concern:

Enclosed please find original and one (1) copy of the Article of Organization for

**VITA NAILS & SPA LLC**

I have enclosed a check in the amount of \$125.00 to cover the costs as follows:

Article of Organization filing fee \$ 125.00

Total \$ 125.00

Please forward a stamped copy of the Article of Organization to the address below:

John T. Driscoll C.P.A., P.A.  
825 SE 3<sup>rd</sup> Ave, Suite 200  
Ocala, Florida 34471

Thank you in advance for your kind and prompt attention to this matter, and if you have any questions, please call me on telephone number (352) 622-5664.

Sincerely,



John T Driscoll CPA

Enclosures

**ARTICLES OF ORGANIZATION  
FOR  
VITA NAILS & SPA LLC**

The undersigned subscriber(s) to these Articles of Organization, each a natural person competent to contract, hereby associate themselves together to form a limited liability company under the Laws of the State of Florida.

**ARTICLE I. - NAME**

The name of this limited liability company is:

**VITA NAILS & SPA LLC**

**ARTICLE II. - MAILING ADDRESS**

The mailing address and the principal office address are the same.

**17860 SE 109<sup>TH</sup> AVE  
SUMMERFIELD, FL 34491**

**ARTICLE III. - REGISTERED AGENT**

**LAI THI NGUYEN  
16315 SE 92<sup>ND</sup> AVE  
SUMMERFIELD, FL 34491**

Having been named as a 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.

Signature \_\_\_\_\_

**LAI THI NGUYEN**

Registered Agent

Date \_\_\_\_\_

9 - 3 - 25

**ARTICLE IV. – AUTHORIZED MEMBER (AMBR)**

LAI THI NGUYEN  
16315 SE 92<sup>ND</sup> AVE  
SUMMERFIELD, FL 34491

THANH THUY VONG  
16449 SE 87<sup>TH</sup> CT  
SUMMERFIELD, FL 34491

**ARTICLE V. - TERMS OF EXISTENCE**

This Limited Liability Company is to exist perpetually. The effective date of this Limited Liability Company shall be **FEBRUARY 1, 2025**

Signature \_\_\_\_\_

  
LAI THI NGUYEN  
AMBR

Date 2-3-25

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Signature

  
**LAI THI NGUYEN**  
Registered Agent

Date



**COPY**

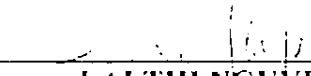
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AMBR**

Date 2 / 1 / 25