

L200000034823

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000040765 3)))



H200000407653ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : BOND, SCHOENECK & KING, PLLC
Account Number : I20010000122
Phone : (239)659-3800
Fax Number : (239)649-3410

RECEIVED
2020 FEB 5 10:12

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: knettles@bsk.com

FLORIDA LIMITED LIABILITY CO.
Hibiscus Beauty Village, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

RECEIVED
2020 FEB -5 AM 10:10
CORPORATIONS
COMMERCIAL
SERVICES

((H20000040765 3))

COVER LETTER

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

SUBJECT: Hibiscus Beauty Village, 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:

Thomas K. Rinaldi, Esq.
Name of Person

Bond, Schoeneck & King, PLLC
Firm/Company

4001 Tamiami Trail N., Suite 105
Address

Naples, FL 34103
City/State and Zip Code

knetles@bsk.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas K. Rinaldi, Esq. at (239) 659-3800
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

((H20000040765 3))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Hibiscus Beauty Village, 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:

Mailing Address:

2950 N. Tamiami Trail
Suite 200
Naples, FL 34103

2950 N. Tamiami Trail
Suite 200
Naples, FL 34103

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:

Thomas K. Rinaldi
Name
4001 Tamiami Trail N., Suite 105
Florida street address (P.O. Box NOT acceptable)
Naples, FL 34103
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)

((H20000040765 3))

((H20000040765 3))

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

AMBR

Gimme Shelter Minnesota LLC, a Florida limited liability company
2950 Tamiami Trail N., Suite 200
Naples, FL 34103

MGR

George Vukobratovich
2950 Tamiami Trail N., Suite 200
Naples, FL 34103

MGR

Richard Manfredi
2950 Tamiami Trail N., Suite 200
Naples, FL 34103

(Use attachment if necessary)

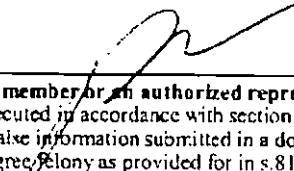
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

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.
Thomas K. Rinaldi

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)