Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : WILSON TAX & ACCOUNTING INC.

Account Number : I20150000107 Phone : (941)625-1925 Fax Number : (941)625-1526

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

Email Address: nadiarae23@gmail.com

FLORIDA LIMITED LIABILITY CO.

Nadia Trimble Aesthetics LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		BLE AESTHETIC		
(Must contain	the words "Limited Liabi	lity Company, "L.I.	C.," or "LLC.")	
RTICLE II - Address:				
he mailing address and street addre	ess of the principal office	of the Limited Liab	ility Company is:	
Principal O	Office Address:		Mailing Address:	
18174 MIRAMA	AR AVE	1817	4 MIRAMAR AVE	
PORT CHARLO	OTTE, FL 33954	POR	T CHARLOTTE, FL 33954	
RTICLE III - Registered Agent,	Registered Office, & Re	egistered Agent's S		<i>@p</i>
The Limited Liability Company can nother business entity with an activ	nnot serve as its own Regi ve Florida registration.)	siered Agem, You		SFOR
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ARTICLE III - Registered Agent, The Limited Liability Company can mother business entity with an activ The name and the Florida street addi	nnot serve as its own Regive Florida registration.) ress of the registered agen	nt are: ADIA TRIMBLE Name	must designate an individua	SFORT TO THE SECRET
The Limited Liability Company can nother business emity with an active the name and the Florida street additional active the name active the name and the Florida street additional active the name and the Florida street additional active the name and the Florida street additional active the name active the nam	nnot serve as its own Regive Florida registration.) ress of the registered agen NA	nt are: ADIA TRIMBLE Name	must designate an individua	SEALLAHASSEE

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 Signaluse (REQUIRED)

(CONTINUED)

ARTICLE IV-

<u>Title:</u> "AMBR" = A	authorized Member	Name and Address:
"MGR" = M		
AMBR		NADIA TRIMBLE
		18174 MIRAMAR AVE
		PORT CHARLOTTE, FL 33954
		
		
EV: Effective date is	ent if necessary) e date, if other than the date o listed, the date must be spec	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 (
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