

L11000134978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

-Name originally listed  
in Art 1 was misspelled  
-Art 1 corrected to match  
cover letter.

- ECF  
12/5/11

Office Use Only



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11/28/11--01059--010 \*\*160.00

EFFECTIVE DATE  
11/23/11

11 NOV 28 AM 8:02  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

B Tadlock DEC 05 2011

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Amazing Styles 4 Kids, 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:

Sergio Herran

Name of Person

Firm/Company

1544 Portofino Meadows Blvd

Address

Orlando, FL 32824

City/State and Zip Code

sergh62@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sergio Herran

Name of Person

at ( 407 ) 486-6041

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**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Amazing Styles 4 Kids, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

EFFECTIVE DATE

11/23/11

## ARTICLE II - Address:

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

### Principal Office Address:

1544 Portofino Meadows Blvd  
Orlando, FL 32824

### Mailing Address:

1544 Portofino Meadows Blvd  
Orlando, FL 32824

## 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:

Sergio Herran

Name

1544 Portofino Meadows Blvd

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

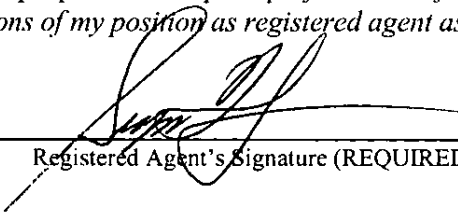
Orlando, FL 32824

City, State, and Zip

11 NOV 28 AM 8:02

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

*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 608, F.S..*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Adriana Castaneda

1544 Portofino Meadows Blvd

Orlando, FL 32824

MGRM

Sandra Ferreras

3001 Laurel Park Ln. Unit 204

Kissimmee, FL 34741

MGRM

Juan Acosta

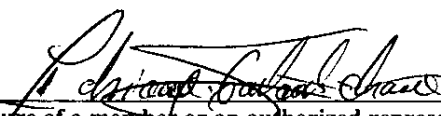
1814 Meadow Pond Way

Orlando, FL 32824

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: November 23, 2011. (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.)

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Adriana Castaneda

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)**