

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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ORIDA/FOREIGN LIMITED LIABILITY CO.

THE UNTOUCHABLES BARBERSHOP, LLC.

Certificate of Status	0
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EXAMINER

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ARTICLES OF ORGANIZATION I	FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Con	mpany is:
THE UNTOUCHABLES	BARBERSHOP, LLC.
(Must ena with the words "Cir	miled Linothly 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:
A-000 014 40 4TH OT	·
25220 SW 124TH CT	25220 SW 124TH CT
MIAMI FLA 33032	MIAMI FLA 33032
	
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another
The name and the Florida street addres	s of the registered agent are:
EMMAN	UEL ACEVEDO
	Name
	SW 124TH CT a street address (P.O. Box NOT acceptable)

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) Page 1 of 2

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ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

MGRM	NICOLAS RIOS 25220 SW 124TH CT MIAMI FLA 33032
MGRM	JORGE FRAGA 11435 SW 152ND CT
	MIAMI FLA 33196
MGRM	EMMANUEL ACEVEDO
	25220 SW 124TH CT MIAMI FLA 33032
(Use attachment if necessa	ry)
LE V: Effective date, if oth	er than the date of filing: (OPTIONAte must be specific and cannot be more than five business day
nective date is usted, the d days after the date of filin	

Signature of a member 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.)

EMMANUEL

Typed or printed name of signee

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