

L080000 19005

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

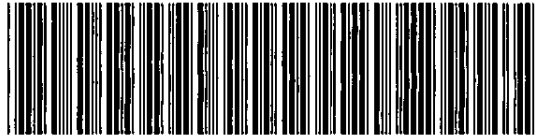
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500115740145

01/24/08--01033--022 **160.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 FEB 21 AM 11:21

T. HAMPTON

FEB 22 2008

EXAMINER

4008-1261

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Beauty and Wellness Studio L.L.C
(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:

Dulce Garcia

(Name of Person)

Beauty and Wellness Studio L.L.C

(Firm/Company)

P.O.Box 22512

(Address)

Ft. Lauderdale, Fl. 33335

(City/State and Zip Code)

For further information concerning this matter, please call:

Dulce Garcia

(Name of Person)

at (**954**) **297-1563**

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

08 FEB 21 AM 10:10

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

February 8, 2008

DULCE GARCIA
P O BOX 22512
FT LAUDERDALE, FL 33335

SUBJECT: BEAUTY AND WELLNESS STUDIO L.L.C.
Ref. Number: W08000004261

We have received your document for BEAUTY AND WELLNESS STUDIO L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on January 24, 2008. Please amend your document accordingly.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 208A00008479



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

08 FEB -7 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 25, 2008

DULCE GARCIA
P O BOX 22512
FT LAUDERDALE, FL 33335

SUBJECT: BEAUTY AND WELLNESS STUDIO L.L.C.
Ref. Number: W08000004261

We have received your document for BEAUTY AND WELLNESS STUDIO L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The complete document was not received. Please refax the complete document, including the electronic filing cover sheet.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 108A00005487

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Beauty and Wellness Studio L.L.C.

(Must end with 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:

2665 East Commercial Blvd.

Ft. Lauderdale, Fl 33308

Mailing Address:

P.O. Box 22512

Ft. Lauderdale, Fl. 33335

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:

Dulce Garcia

Name

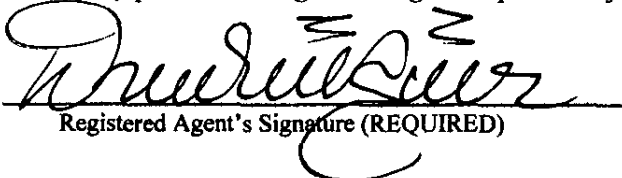
2665 EAsT Commercial Blvd.

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

Ft. Lauderdale, FL 33308

City, State, and 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 608, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 FEB 21 AM 11:21

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:

MGR

Dulce Garcia

2665 East Commercial Blvd.

Ft. Lauderdale, Fl. 33308

(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.)

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.)

Dulce Garcia

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)