LD8000023843

(Requestor's Name) (Address) (Address)
(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



900119558139

03/06/08--01038--024 **155.00

. 2000 HAR -6 AM II: 58 SECRETARY OF STATE,

T. CLINE

MAR - 7 2008

EXAMINER

COVER LETTER

TO: Registration S Division of C					
SUBJECT: Porto	Pelo Beauty Salor	n LLC ed Liability Comp			
	(Name of Billing	ed Elabinty Comp	<i>((1)</i>		
The enclosed Articles	of Organization and fee(s) are s	submitted for filin	g.		
Please return all corres	pondence concerning this matt	er to the following	g:		
John Pai					
JOHN Fai		(Name of Person)			
Corporat	o Eiling Solutions	Ina			
Corporat	e Filing Solutions	(Firm/Company)			
04.07.44					
61-27 1	55th Street, 1st F	(Address)			
		(Address)			
Flushing	j, NY 11367				
	(City	/State and Zip Cod	e)		NECE PER PER PER PER PER PER PER PER PER PE
For further information	concerning this matter, please	call:			DOD HAR -6 SECRETAR ALLAHASS
		740			-6 SSE SSE
John Park	e of Person)	at (718 (Area Cod	353-77	03 elephone Number)	
(·· ··· ··	• • • • • • • • • • • • • • • • • • • •	(11104 000	e ce Buyume 1	erepriorie (varioer)	OR T
Enclosed is a check t	or the following amount:	•			ēm č
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	▼ \$155.00 F Certified Cop (additional copy	у	\$160.00 F Certificate of Certified Cop (additional copy	Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrat Division Clifton E 2661 Exe	ourier Addrestion Section of Corporation Building ecutive Center see, FL 32301	ns	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	•
The name of the Limited Liability Company is:	
Porto Pelo Beauty Salon LLC	
(Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2544 Antlia Drive	2544 Antlia Drive
Orlando, FL 32828	Orlando, FL 32828
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
Miguelina Castro	
Name	Or Ø
2544 Antlia Drive	(DO D NOT
Florida street add	lress (P.O. Box <u>NOT</u> acceptable)
Orlando	FL 32828
City, State, a	ind Zip
** * 1	

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Miguelina Castro
	2544 Antlia Drive Orlando, FL 32828
<u> </u>	,
 	
(Use attachment if necessary)	ETAR -6

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

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.)

Miguelina Castro

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)