108000 105776

(Red	questor's Name)	
(Add	dress)	
•		
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	W AIT	MAIL
. (Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
		j

Office Use Only



200137646812

11/12/08--01054--004 **125.00

SECRETARY OF STATE

DETERMINE OF STATE

M. THOMAS

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	ECT: Maria Maria Besuty, LLC (Name of Limited Liability Company)	
The en	closed Articles of Organization and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Olga E. Galarza (Name of Person)	
	Maria Maria Beauty, L.L.C. (Firm/Company)	
	1731 Avenida del Sol	
	(Address)	
	Boca Raton, Ft. 33432 (City/State and Zip Code)	
	(City/State and Zip Code)	
For fur	ther information concerning this matter, please call:	
0	laa Galaria. 561 392-1892	
	lga Galarza at (561) 392-1892 (Area Code & Daytime Telephone Number)	OF STATE
п.		州 2
\ <u> </u>	sed is a check for the following amount:	
\$125.	00 Filing Fee \$\sum \$\\$130.00 Filing Fee & \sum \$\\$\\$\$155.00 Filing Fee & \sum \$\\$	
	(additional copy is enclosed) Certified Copy (additional copy is enclosed)	
	Mailing Address Street/Courier Address	
	Registration Section Registration Section Division of Corporations Division of Corporations	
	P.O. Box 6327 Clifton Building Tallahassee, FL 32314 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:

Maria Maria Beauty L.L.C.

(Must end with the words "Limited Liability Company, M.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:		
1731 avenida de Sol Boca Raton, R. 33432	1731 avenida del Sol Boca Raton, R. 33432		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the r	tered Agent. You must designate an individual or another registered agent are:		
Olga Gala Name			
1731 Avanida del Sol Florida street address (P.O. Box NOT acceptable)			
Boca Raton City, State, a	FL 33432		

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)

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

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

Name and Address:
_
Eugene Martignetti
Bota Raton, R. 33432
Odalys Gmzalez
1731 Avenida del 50/ Boca Kator, R. 33432
Olga E. Galarza
Boca Raton, R. 33432
SECRETARY 12
e date of filing: 1/0/108 (OPTIONAL).
e specific and cannot be more than five business trays pri

REQUIRED SIGNATURE:

Signarure 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.)

OLGA GALARZA

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)

Olga Galarza 561-392-1892

SECRETARY OF CITY