## L09000029021

(Requestor's Name)		
(Address)		
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PICK-UP WAIT MAIL		
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SECRETARY OF STATE

J. BRYAN

MAR 2 5 2009

EXAMINER

## **COVER LETTER**

TO: Registration Division of C			
SUBJECT: Posh	Beauty Studio, LL0	C	
	(Name of Limit	ed Liability Company)	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	spondence concerning this mat	ter to the following:	
Greisy To	oste		
		(Name of Person)	
Posh Bea	auty Studio, LLC		
		(Firm/Company)	
9046 Bird	d Rd		TALE SE
<del> </del>		(Address)	2000年
Miami, Fl	orida 33165		TAR ASS
	(Cit	y/State and Zip Code)	E. G.
For further information	n concerning this matter, pleas	e call:	HAR 24 PM 12: 51 CRETAR OF STATE CAHASSEE. FLORIT
Alfredo Toste		at ( 305 ) 502-2823	P
(Nan	ne of Person)	(Area Code & Daytime Teleph	none Number)
Enclosed is a check	for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	S160.00 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 Cir Tallahassee, FL 32301	cle

ARTICLES OF ORGANIZATION FOR	FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	50°52 - C
The name of the Limited Liability Company	is: Rog # 1
	75, 77
Posh Beauty Studio, LLC	
	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9046 Bird Rd	9046 Bird Rd
Miami, Fl 33165	Miami, Florida 33165
business entity with an active Florida registration.)  The name and the Florida street address of the	ne registered agent are: Effective Date 03/23/09
Alfredo Toste	
Na	me
13110 SW 88th La	ane. C-203
	address (P.O. Box NOT acceptable)
Miami, FL 33186	
	tte, and Zip
•	
	to accept service of process for the above stated limited
	in this certificate, I hereby accept the appointment as
	acity. I further agree to comply with the provisions of all
	performance of my duties, and I am familiar with and
accept the obligations of my position as h	egistered agent as provided for in Chapter 608, F.S
MAL	

(CONTINUED) Page 1 of 2

leted 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:

<u>Title:</u>	Name and Address:
"MGR" = Manager	±0 % <b>→</b>
"MGRM" = Managing Member	Fig # T
MGRM	Greisy Toste
	13110 SW 88th Lane, C-205
	Miami, FL 33186
MGRM	Greisy Toste  13110 SW 88th Lane, C-205  Miami, FL 33186  Llyslaine Pereira
MOTOR	4690 SW 118th Ave
	Miami, FL 33175
MGRM	Alfredo Toste
	13110 SW 88th Lane, C-205
	Miami, FL 33186
	<del></del>
(Use attachment if necessary)	
	3/22/00
ARTICLE V: Effective date, if other than the	date of filing: 3/23/U9 (OPTIONAL)
to or 90 days after the date of filing.)	specific and cannot be more than five business days prior
to or 30 days after the date of fining.)	$\mathcal{N}$
	/ \
REQUIRED SIGNATURE:	1,100/
	1.19
( )	$W^{\prime}$ ).
\ \	
Signature of a member	of an authorized representative of a member.
(In accordance with sect	ion 608,408(3), Florida Statutes, the execution
of this document constitution that the facts stated he	uses an affirmation under the penalties of perjury
Greisy Toste	1
	ed 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)