

L09000081776

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L09000036706

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09 AUG 24 AM 9:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 25 2009

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Salud, Belleza Y Energia**  
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:

Liz Y. Miranda

Name of Person

Salud, Belleza Y Energia

Firm/Company

1119 E. Vine Street

Address

Kissimmee, Fl. 34744

City/State and Zip Code

lizymiranda@gmail.com

E-mail address: (to be used for future annual report notification)

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**09 AUG 24 AM 9:55**  
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**TALLAHASSEE, FLORIDA**

For further information concerning this matter, please call:

Liz Y. Miranda

Name of Person

at ( 407 ) 860-2698

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

August 13, 2009

LIZ Y. MIRANDA  
1119 E VINE STREET  
KISSIMMEE, FL 34744

SUBJECT: SALUD, BELLEZA Y ENEGIA  
Ref. Number: W09000036706

We have received your document for SALUD, BELLEZA Y ENEGIA, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$160.00.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 409A00027623

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09 AUG 24 AM 9:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SALUD, BELLEZA Y ENERGIA LLC.

(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:**

**Mailing Address:**

1119 EAST VINE STREET  
KISSIMMEE, FL. 34744

2901 GRAFTON DRIVE  
KISSIMMEE, FL. 34741

**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:

Liz Y. Miranda

Name

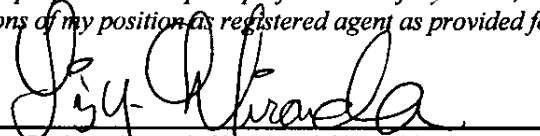
1119 East Vine Street

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

Kissimmee, FL. 34744 FL

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)

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TALLAHASSEE, FLORIDA

**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

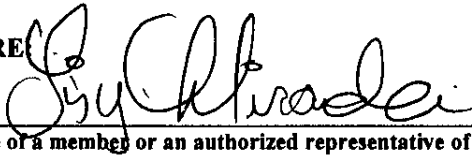
**Name and Address:**

_____	_____
_____	_____
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_____	_____
_____	_____
_____	_____
_____	_____

(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.)

Liz Y. Miranda

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)**

**FILED**  
09 AUG 24 AM 9:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA