

L10000074624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

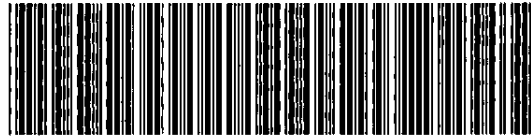
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/01/10--01018--005 **160.00

Effective Date 06/27/10

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUL -1 PM 2:01

T. HAMPTON

JUL 15 2010

EXAMINER

10-31624

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DADA Beauty Salon
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:

Marie Yanick AZOR
Name of Person

DADA Beauty Salon
Firm/Company

14718 NW 7AVE
Address

Miami FL 33168
City/State and Zip Code

DADABEAUTYSALON@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marie Yanick AZOR at (786) 367-7598
Name of Person 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

09 JUL 14 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 2, 2010

NARIE YANICK AZOR
14718 NW 7 AVE
MIAMI, FL 33168

SUBJECT: DADA BEAUTY SALON
Ref. Number: W10000031621

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

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

The name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." Please amend your document accordingly.

Please return 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

Letter Number: 310A00016209

Effective Date 06/27/10

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Daya Beauty Salon 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:

14718 NW 7th
Miami, FL 33168

Mailing Address:

1175 NW 155 Ln #102
Miami FL 33169

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:

Marie Yarnick Azor
Name

1175 NW 155 Ln #102
Florida street address (P.O. Box **NOT** acceptable)

Miami, FL 33169
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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUL - 1 PM 2010

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:

MANAGER

MARIE V. AZOR
1175 NW 155TH LANE APT 102
MIAMI, FL 33169

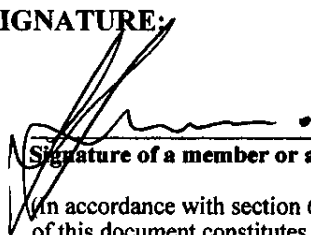
MGRM

STEVEN S. SALVADOR
1175 NW 155TH LANE APT 102
MIAMI, FL 33169

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 6-27-2010. (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.)

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
10 JUL - 1 PM 2010
SECRETARY OF STATE
DIVISION OF CORPORATIONS