

L11000008145

Florida Department of State  
Division of Corporations  
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EXAMINER

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FLORIDA LIMITED LIABILITY CO.  
SPRING BEAUTY SALES AND SERVICES, LLC.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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11 JAN 20 AM 9:36  
SECRETARY OF STATE  
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Corporate Filing Menu

Help

H11000016803

January 19, 2011

To whom it may concern:

Please be advised that the owners of the company Spring Beauty Sales and Services, LLC with the document number \_\_\_\_\_ are the same as those who are opening this new company with the same name. Thank you.

Sincerely,



Mairén Alfonso De Armas

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Spring Beauty Sales and Services, 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:**

8315 W. Flagler St.  
Suite #5  
Miami, FL 33144

**Mailing Address:**

8315 W. Flagler St.  
Suite #5  
Miami, FL 33144

**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:

Mairen Alfonso De Armas.  
Name

8315 W. Flagler St. Suite #5  
Florida street address (P.O. Box NOT acceptable)  
Miami, FL 33144  
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.*

Mairen Alfonso De Armas.  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**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:**MGRMMairen Alfonso De Armas  
8315 W. Flagler St. #5  
Miami FL 33144

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Mairen Alfonso De Armas.

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)**

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