

L13000015841
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet **58615**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H13000023217 3)))



H130000232173ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
 Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
 Account Number : 072450003255
 Phone : (305) 634-3694
 Fax Number : (305) 633-9696

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
 13 JAN 30 PM 1:48
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
 CARINE SALON, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

FILED
 2013 JAN 30 AM 10:03
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

JAN 31 2012

D. BRUCE

H130000023217

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

ARTICLE I

The Name of the Limited Liability Company shall be:

CARINE SALON, LLC

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

ARTICLE III

The mailing address and street address of the principal office of the limited liability company is:

**1553 NE 164TH STREET
NORTH MIAMI BEACH, FL 33162**

ARTICLE IV

The Name of The Manager (s) shall be:

**MGR
CARINE RENOIS
1553 NE 164TH STREET
NORTH MIAMI BEACH, FL 33162**

ARTICLE V

The name and Florida street address of the registered agent shall be:

**JUNIOR AUGUSTIN
1529 NE 167TH STREET
NORTH MIAMI BEACH, FL 33162**

FILED
2019 JAN 30 AM 10:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

H130000023217

H13000023217

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED
OFFICE/MEMBER/REPRESENTATIVE**

CARINE SALON, LLC

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

J. Augustin

Signature of Registered Agent

CARINE RENOIS

Signature of a member or an authorized representative of a member

FILED
2018 JAN 30 AM 10:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

(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)

JUNIOR AUGUSTIN

Typed or printed name signee

H13000023217