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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates o	of Status
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SECRETARY OF STATE
AND ARASSEF, FLORIDA

FEB 2 1 2014

T BROWN

COVER LETTER

TO:	Registration Division of C	Section Corporations		
SUBJE	CCT: Peralta	Beauty Salon, LLC Name of Lir	nited Liability Company	
The en	closed Articles	of Organization and fee(s) a	re submitted for filing.	
Please	return all corre	spondence concerning this m	natter to the following:	
	Yoselin F	eralta		
			Name of Person	
	Peralta B	eauty Salon, LLC		
			Firm/Company	
	85-17 NV	V 7th STREET - Apt 306	Address	
			Address	
	MIAMI, F			
			City/State and Zip Code	
<u>pir</u>	nentel ny@h	otmail.com E-mail address: (to be use	d for future annual report notifica	tion)
For fun	ther information	n concerning this matter, ple	ase call:	
		· · · · ·		
YOSE	LIN PERALTA	at (786) 597-9789 Area Code Davtime Tel	ephone Number
	14411	ic of reason	Area Code Dayline Tel	ephone Number
Enclose	ed is a check fo	r the following amount:		
□ \$125.0	0 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)
		ling Address	Street/Courier Add	ress
		istration Section sion of Corporations	Registration Section Division of Corporat	ions
	P.O.	. Box 6327	Clifton Building	
	Tall	ahassee, FL 32314	2661 Executive Cent	er Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPA **ARTICLE I - Name:** The name of the Limited Liability Company is: Peralta Beauty Salon, 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:** 85-17 NW 7th Street - Apt 306 1236 SW 8th Street Miami, FL 33135 Miami, FL 33172 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: Yoselin Peralta 85-17 NW 7th Street - Apt 306 Florida street address (P.O. Box NOT acceptable) Miami City 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 605, F.S.

Voselin PeraHa
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

AMBR = Authorized Member MGR" = Manager MMBR Yoselin Peralta 85-17 NW 7th Street - Apt 306 Miami, FL 33172 Use attachment if necessary) V: Effective date, if other than the date of filing: (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or iffling.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), 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.) Yoselin Peralta Typed or printed name of signee Filling Fees:	AMBR = Authorized Member MGR = Manager MMBR Yoselin Peralta 85-17 NW 7th Street - Apt 306 Miami, FL 33172 Use attachment if necessary) V: Effective date, if other than the date of filing: (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or stilling.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), 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.) Yoselin Peralta Typed or printed name of signee Filling Fees:		Name and Address:
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