

05/06/14
3/6/2014

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10:56AM

Jelen Accounting Services Inc 30-59-9-57

p.01

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H14000108136 3)))



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EFFECTIVE DATE 05-01-14

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

From: Account Name : JELEN ACCOUNTING SERVICES, INC
Account Number : F20120000052
Phone : (305)591-9180
Fax Number : (305)591-9167

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

Email Address: jelenaccountingservices@gmail.com

FLORIDA LIMITED LIABILITY CO.
METAMORPHOSIS21 STUDIO, LLC

RECEIVED
14 MAY -6 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

2014 MAY -6 AM 9:37

B. BOSTICK

MAY - 7 2014

EXAMINER.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

METAMORPHOSIS21 STUDIO, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

4851 NW 79th Avenue, Suite 5
Miami, Fl. 3316

Mailing Address:

4851 NW 79th Avenue, Suite 5
Miami, Fl. 33166

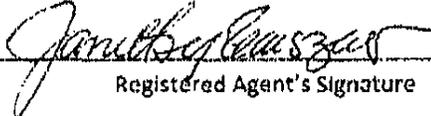
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

JANETTSY CHISZAR
8740 NW 97 AVENUE, APT 207
DORAL, FL. 33178

2014 MAY -6 A 9:55
12:11

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..


Registered Agent's Signature

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

AMBR JANETTSY CHISZAR
8740 NW 97 AVENUE, APT 207
DORAL, FL. 33178

AMBR ELVIA ABREU
8740 NW 97 AVENUE, APT 207
DORAL, FL. 33178

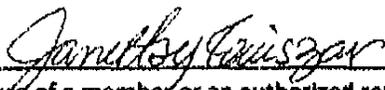
AMBR MARIA JULIA ESCOTET
11376 NW 68th STREET
DORAL, FL. 33178

ARTICLE V: Effective date, if other than the date of filing: May 1, 2014

ARTICLE VI: Purpose

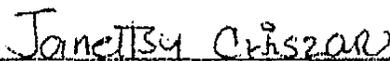
Fitness and exercise studio, cooking classes, nutrition and health orientation.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

2014 MAY -16 A 9:37

(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.)


Typed or printed name of signee

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