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COVER LETTER

	egistration Section Division of Corporations		
SUBJECT	Γ: AVALOS MAKEUP ARTISTRY LI Name of Lir	_C mited Liability Company	
	sed Articles of Organization and fee(s) as	_	
	MELISSA AVALOS	Name of Person	
	AVALOS MAKEUP ARTISTRY LLC		
	7400 SW 31 ST	Address	
	MIAMI, FL 33155	City/State and Zip Code	
,		d for future annual report notifica	ition)
	r information concerning this matter, plea		
ANA CAL	Name of Person	305) <u>321-6799</u> Area Code Daytime Tel	ephone Number
Enclosed i	s a check for the following amount: iling Fee \$\Bigsim \frac{1}{30.00}\$ 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 Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
AVALOS MAKEUP ARTISTRY LLC (Must end with the words "Limited L	ciability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7400 SW 31 ST MIAMI, FL 33155	7400 SW 31 ST MIAMI, FL 33155
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered a	gent are:
ANA CALAFELL Name	
7621 NW 2ND ST Florida street address (P.O. Box 1	NOT acceptable)
MIAMI	FL 33126
City	Zip
the place designated in this certificate, I hereby accept t capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in r 605, F.S
Registered Agent / Signatu	(PEOLIBED)
Registered Agent Vsignatu (CONTINUE	in the second se
Page I of 2	

<u>`itle:</u>		Name and Address:
	ithorized Member	
MGR" = Mar		
/IGR		MELISSA AVALOS
		7400 SW 31 ST
		MIAMI, FL 33155
	 	
		· · · · · · · · · · · · · · · · · · ·
		<u> </u>
V: Effective	nt if necessary) date, if other than the date	of filing: (OPTIONAL)
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V: Effective tive date is I filing.) VI: Other pr	date, if other than the date isted, the date must be spoored by sp	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document
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V: Effective tive date is I filing.) VI: Other pr EQUIRED: (In a cons	date, if other than the date isted, the date must be specified, the date must be specified, the date must be specified. Signature of a mean accordance with section 60 ditutes an affirmation under aware that any false information that the section of the section	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document
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V: Effective tive date is I filing.) VI: Other pr EQUIRED: (In a cons	date, if other than the date isted, the date must be spoored by the date of a measure that any false information under that any false information degree felon date as third degree felon.	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document r the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State

Page 2 of 2

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

