

L 15000084392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

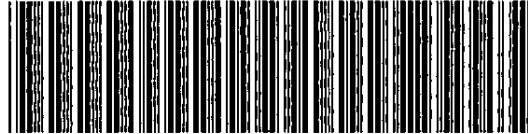
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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Office Use Only



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03/30/15--01032--005 **130.00

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2015 MAY 11 PM 6:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
MAY 13 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 23, 2015

falette
FAOLETTE OLESCO ARDRE
12815 W DIXIE HWY
MIAMI, FL 33161

SUBJECT: GET GLAMMED BEAUTY AND VARIETY *LLC*
Ref. Number: W15000028759

15 MAY 11 PM 10:00
DIVISION OF CORPORATIONS
STATE OF FLORIDA

We have received your document for GET GLAMMED BEAUTY AND VARIETY and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

- ✗ Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on March 30, 2015. Please amend your document accordingly. *leave blank*
- ✗ The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 515A00008315

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Get Glammed Beauty and Variety
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Fadette Olesco Andre
Name of Person

Get Glammed Beauty and Variety
Firm/Company

12815 West Dixie Highway Miami FL 33161
Address

Miami FL 33161
City/State and Zip Code

Fadette Andre@a Gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fadette Olesco Andre at (941) 249-7248
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 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)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Get GLAM Med Beauty AND Variety 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:

12815 West Dixie Highway
North Miami FL 33161

510 NE 123 Street
North Miami Beach FL, 33162

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:

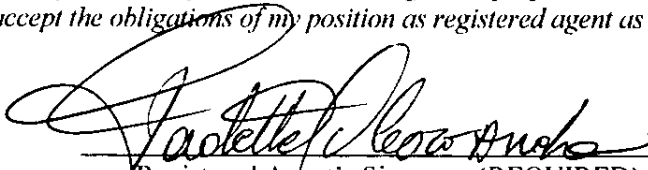
Fadette Olesco
ANDRE

FADETTE OLESCO ANDRE
Name

12815 West Dixie Highway
Florida street address (P.O. Box NOT acceptable)

North Miami FL 33161
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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2015 MAY 11 PM 6:10
CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Fardette Olesco ANDRE

510 N.E. 173 ST M.F. 33162

FILED
2015 MAY 11 PM 6:10
DEPT. OF STATE
TALLAHASSEE, FLORIDA

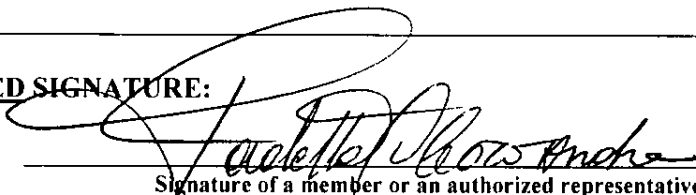
(Use attachment if necessary)

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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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

(In accordance with section 605.0205 (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.)

Fardette Olesco ANDRE

Typed or printed name of signer

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)