

L160000026876

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. C & C Nails SPA, LLC  
(CORPORATE NAME) (DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME) (DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME) (DOCUMENT #)

☐ Walk-In

☒ Pick up time: \_\_\_\_\_

☒ Certified Copy ☐ Certificate Of Status

New Filings	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Other:

Amendments	
<input type="checkbox"/>	Amendments
<input type="checkbox"/>	Resignation
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Other:

Other Filings	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Apostille:
<input type="checkbox"/>	Other:

Examiners Initials

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

**ARTICLE I**

*The name of the Limited Liability Company and Effective day is:*

**C & C NAILS SPA, LLC**

*(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation  
"LLC," or "L.C.,")*

**ARTICLE II**

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

**Principal Office Address**  
770 W 41 ST UNIT #766  
MIAMI BEACH, FL 33140

**Mailing Address**  
770 W 41 ST UNIT #766  
MIAMI BEACH, FL 33140

OFFICE OF THE  
CLERK OF THE  
COURT

16 FEB -9 PM 1:39

FILED

### 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:*

#### **R&P ACCOUNTING & TAXES, INC**

Name

**200 SE 1<sup>ST</sup> STREET, SUITE #604**

*Florida Street address (P.O. Box NOT acceptable)*

**MIAMI, FL 33131**

*FL City, State, and 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*

X

**Registered Agent's Signature (REQUIRED)**

STATE OF FLORIDA  
COUNTY OF MIAMI

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#### **ARTICLE IV**

**MGR=Manager(s) or AMBR= AUTHORIZED Member(s):** *The name and address of each Person authorized to manage and control the Limited Liability Company:*

#### **Title:**

**SANDRA MARIA DAL PUPPO**  
770 W 41 ST UNIT #766  
MIAMI BEACH, FL 33140

**MANAGER**

**LEANDRO JOSE DAL PUPPO**  
770 W 41 ST UNIT # 766  
MIAMI BEACH ,FL 33140

**MANAGER**

#### **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.)*

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STATE OF FLORIDA

**REQUIRED: SIGNATURE**

X *Sandra Maria Dal Puppo*  
*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.)*

**SANDRA MARIA DAL PUPPO**  
*Typed or printed name of signee*

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SANDRA MARIA DAL PUPPO  
STATE