L1000038950

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| | | |
| (Ac | ldress) | |
| | | |
| (Ac | ldress) | |
| | | |
| (Ci | ty/State/Zip/Phone | e #) |
| | | |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| (Bi | siness Entity Nar | ne) |
| (50 | iomoso Emity Mar | 110) |
| (De | ocument Number) | |
| (00 | cument Number) | |
| | - | |
| Certified Copies | _ Certificates | s of Status |
| | | |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



300281520533

01/28/16--01020--031 **125.00

6 JAII 28 FH 3 (



COVER LETTER

| TO: F | Registration Section Division of Corporations |
|-------------|--|
| SUBJEC" | TASHY MARIE MAKEUP, LLC |
| SUBJEC | Name of Limited Liability Company |
| The enclo | sed Articles of Organization and fee(s) are submitted for filing. |
| Please ret | urn all correspondence concerning this matter to the following: |
| | NATASHA M. RUSSO |
| • | Name of Person |
| | TASHY MARIE MAKEUP, LLC |
| | Firm/Company |
| | 10281 E. BAY HARBOR DRIVE - APT B3 |
| | Address |
| | BAY HARBOR ISLANDS, FL 33154 |
| | City/State and Zip Code NATMRUSSO@GMAIL,COM |
| | E-mail address: (to be used for future annual report notification) |
| For further | information concerning this matter, please call: |
| | NATASHA RUSSO 954 558-5659 |
| | Name of Person Area Code Daytime Telephone Number |
| Enclosed i | is a check for the following amount: |
| \$125.00 F | Filing Fee \$\ \text{S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \\ \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \\ \text{Certified Copy (additional copy is enclosed)} \\ Certified Copy |
| | Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Clifton Building Tallahassee, FL 32301 Tallahassee, FL 32301 |

TASHY MARIE MAKEUP, LLC 10281 E BAY HARBOR DRIVE – APT B3 BAY HARBOR ISLANDS, FL 33154

November 7, 2015

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To Whom It May Concern:

I registered my business online as a limited liability company under the name TASHY MARIE MAKEUP, LLC.

I did not receive any notifications for the filing of the annual reports.

I have no intention of reinstating the old limited liability company filed under number L13000164024.

I am attaching the new Articles of Organization effectively immediately, along with a check for \$125.00

Should you have any questions, please do not hesitate to contact me.

Sincerely,

Natasha M. Russo

6 JAN 28 PH 3. 02

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | FILED |
|---|---|
| TASHY MARIE MAKEUP, LLC | 16 JAN 28 PN 3-02 |
| (Must end with the words "Limited Liabili | ty Company, "L.L.C.," or "LLC.") STATE ALLIABATI FEED LORDA |
| ARTICLE II - Address: The mailing address and street address of the principal office of | |
| Principal Office Address: | Mailing Address: |
| 10001 E DAV HADDOD DDIVE ART DO | 10001 E DAY HADDOD INDIVE APEDO |

BAY HARBOR ISLANDS, FL 33154

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:

| NATASHA M. RUS | so | |
|-----------------------|---------------------------|------------|
| | Name | |
| 10281 E BAY HARE | OR DRIVE-APT E | 33 |
| Florida street addres | s (P.O. Box <u>NOT</u> ac | cceptable) |
| BAY HARBOR ISLA | AND FL | 33154 |
| City | State | 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..

(CONTINUED)

Page 1 of 2

| Title: | Name and Address: |
|--|---|
| "AMBR" = Authorized Member "MGR" = Manager | |
| MGR | NATASHA M. RUSSO |
| | 10281 E BAY HARBOR DRIVE-APT B3 |
| | BAY HAROR ISLANDS, FL 33154 |
| | |
| | |
| | |
| | |
| <u></u> | |
| | |
| | |
| | |
| | |
| , | • |
| (Use attachment if necessary) | |
| ective date is listed, the date must be filing.) the date inserted in this block does not not be because the detective date on the Department's effective date on the Department. | date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 9 ot meet the applicable statutory filing requirements, this date will not ent of State's records. |
| ective date is listed, the date must be of filing.) the date inserted in this block does not next the Department's effective date on the Department. | e specific and cannot be more than five business days prior to or 9 ot meet the applicable statutory filing requirements, this date will no ent of State's records. |
| ective date is listed, the date must be of filing.) the date inserted in this block does nent's effective date on the Departm E VI: Other provisions, if any. | e specific and cannot be more than five business days prior to or 9 ot meet the applicable statutory filing requirements, this date will no ent of State's records. |
| ective date is listed, the date must be of filing.) the date inserted in this block does need to effective date on the Departm EVI: Other provisions, if any. | e specific and cannot be more than five business days prior to or 9 ot meet the applicable statutory filing requirements, this date will no ent of State's records. |
| ective date is listed, the date must be filing.) the date inserted in this block does not neat's effective date on the Departm E VI: Other provisions, if any. REOURED SIGNATURE: Signature of a This document is ex I am aware that any if | e specific and cannot be more than five business days prior to or 9 ot meet the applicable statutory filing requirements, this date will no ent of State's records. |
| ective date is listed, the date must be of filing.) the date inserted in this block does a ment's effective date on the Departm E VI: Other provisions, if any. REOURED SIGNATURE: Signature of a This document is ex I am aware that any a constitutes a third de | ot meet the applicable statutory filing requirements, this date will not ent of State's records. member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. Talse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S. |
| ective date is listed, the date must be of filing.) the date inserted in this block does not neat's effective date on the Departm E VI: Other provisions, if any. REOURED SIGNATURE: Signature of a This document is ex I am aware that any is | ot meet the applicable statutory filing requirements, this date will not ent of State's records. member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. Talse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S. |
| ective date is listed, the date must be filing.) the date inserted in this block does ment's effective date on the Departm E VI: Other provisions, if any. REOURED SIGNATURE: Signature of a This document is ex I am aware that any constitutes a third de | ot meet the applicable statutory filing requirements, this date will not ent of State's records. member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S. M. RUSSO Typed or printed name of signee |
| ective date is listed, the date must be filing.) the date inserted in this block does nent's effective date on the Departm E VI: Other provisions, if any. REOURED SIGNATURE: Signature of a This document is ex I am aware that any is constitutes a third de NATASHA M | ot meet the applicable statutory filing requirements, this date will not ent of State's records. I member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes also information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S. I. RUSSO Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent |
| stive date is listed, the date must be filing.) the date inserted in this block does nent's effective date on the Departm E VI: Other provisions, if any. Signature of a This document is ex I am aware that any is constitutes a third de NATASHA M \$125.00 Filing Fee for Articles of \$30.00 Certified Copy (Optiona) | e specific and cannot be more than five business days prior to or 9 ot meet the applicable statutory filing requirements, this date will not ent of State's records. member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S. 4. RUSSO Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent 1) |
| stive date is listed, the date must be filing.) the date inserted in this block does nent's effective date on the Departm E VI: Other provisions, if any. Signature of a This document is ex I am aware that any is constitutes a third de NATASHA M | ot meet the applicable statutory filing requirements, this date will not ent of State's records. member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes also information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S. M. RUSSO Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent |
| stive date is listed, the date must be filing.) the date inserted in this block does nent's effective date on the Departm E VI: Other provisions, if any. Signature of a This document is ex I am aware that any is constitutes a third de NATASHA M \$125.00 Filing Fee for Articles of \$30.00 Certified Copy (Optiona) | e specific and cannot be more than five business days prior to or 9 ot meet the applicable statutory filing requirements, this date will not ent of State's records. member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S. 4. RUSSO Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent 1) |