

L160000 38213

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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*Letter of Release  
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*SG 2-25-16*

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TALLAHASSEE, FLORIDA

FEB 25 2016

S. GILBERT

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BEAUTY BOND LLC**

\_\_\_\_\_  
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:

MARSHA SIHA

\_\_\_\_\_  
Name of Person

INCFE.COM

\_\_\_\_\_  
Firm/Company

17350 STATE HWY 249 STE 220

\_\_\_\_\_  
Address

HOUSTON, TX 77070

\_\_\_\_\_  
City/State and Zip Code

EFILE1234@INCFE.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARSHA SIHA

888

462-3453

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Attention: Florida department of State Division of Corporation

In December 3rd 2014 I registered a corporation under the name: Beaty Bond, Inc.  
It was filed as an S corporation. The Document number is P14000097087.  
That corporation was never used.  
There was a dissolution on the corporation filed on september 2015.

I have no intention of using that coporation but I will like to use the same name.

I want to register a coporation with the same name as an LLC.

If you need any additional information let me know.  
My direct line is 305-345-0849  
Name: Alhai Eng  
Address: 3390 Mary Street ste 116, Miami, Florida 33133

Thank You

Alhai Eng.

2/9/16

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BEAUTY BOND 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:

3390 MARY STREET STE 116  
MIAMI, FL 33133

Mailing Address:

3390 MARY STREET STE 116  
MIAMI, FL 33133

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:

ALHAI ENG

Name

3390 MARY STREET STE 117

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

MIAMI

FL

33133

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..*

Alhai Eng

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

ALHAI ENG

3390 MARY STREET STE 116

MIAMI, FL 33133

(Use attachment if necessary)

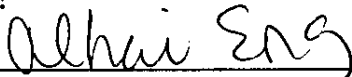
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

ALHAI ENG

Typed or printed name of signee

**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)