

L16000069850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

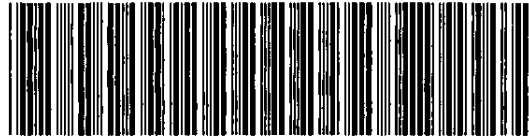
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W/Kenn 21801

APR 11 2016

T. SCOTT



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03/16/16--01017--007 **160.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 APR -7 PM 2:39



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 6, 2016

MARIA ALMANZA
3208 ALICE DR
PALM SPRINGS, FL 33461

SUBJECT: DEFINITELY BEA-U-TIFUL, LLC
Ref. Number: W16000021801

We have received your document for DEFINITELY BEA-U-TIFUL, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only one registered agent and one signature required.,

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) 245-6052.

Tyrone Scott
Regulatory Specialist II

Letter Number: 016A00006016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Definitely Beq-u-tiful, 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:

MARIA Almanza

Name of Person

Firm/Company

3208 Alice Dr

Address

Palm Springs, Florida 33461

City/State and Zip Code

caterina@mcuno.com

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

For further information concerning this matter, please call:

MARIA Almanza at (561) 601 1618

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

STATE
TALLAHASSEE, FLORIDA

16 APR - 7 AM 10:57

RECEIVED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Definitely Bea-u-tiful, 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:

3208 Alice Dr.
Palm Springs, FL 33461

Mailing Address:

3208 Alice Dr.
Palm Springs, FL 33461

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:

MARIA Almanza
Name
3208 Alice Dr.
Florida street address (P.O. Box **NOT** acceptable)
Palm Springs, FL 33461.
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..

Maria Almanza
Registered Agent's Signature (REQUIRED)

(CONTINUED)

16 APR - 7 PM 2:39
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

AMBR

Name and Address:

CATERINA Zecchinato

3208 Alice Dr.

Palm Springs, FL 33461

MARIA Almanza

3208 Alice Dr.

Palm Springs, FL 33461

(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:

Maria Almanza

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.

MARIA ALMANZA

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)