

L160000086996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

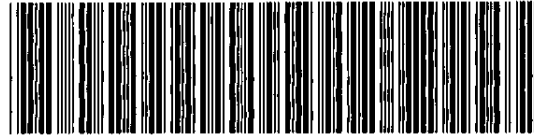
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 09 2016

T SCHROEDER

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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FILING

LLC

1.

ED-KO NAIL SYSTEMS LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

ARTICLE OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I.

The name of the Limited Liability Company is:

ED – KO NAIL SYSTEMS LLC

ARTICLE II.

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

600 15TH STREET APT. 3

MIAMI BEACH FL 33139

The mailing address of the Limited Liability Company is:

600 15TH STREET APT 3

MIAMI BEACH FL 33139

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ARTICLE III.

The purpose for which this Limited Liability Company is organized is:

Any and all lawful business.

ARTICLE IV.

The name and the Florida street address of the registered agent are:

KOPPANYI, EMESE

600 15TH STREET APT 3

MIAMI BEACH FL 33139

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.

Koppányi

Registered Agent's Signature

05/05/2019

Date:

ARTICLE V.

The name and address of each Manager or Managing Member is as follows:

Name and Address:

Title: MGRM

KOPPANYI, EMESE

600 15TH STREET APT 3

MIAMI BEACH FL 33139

Koppányi

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TALLAHASSEE, FLORIDA

EDANGE, H FREDERIC

Title: MGRM

600 15TH STREET APT 3

MIAMI BEACH FL 33139



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. 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.



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

EDANGE H FREDERIC

Typed or printed name of signee

05/05/16

Date

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