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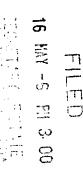
(Requestor's Name)	
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(=,	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Special instructions to Filing Officer.	
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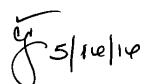
Office Use Only



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		COVER LETTER	190
	gistration Section vision of Corporations	·	
SUBJECT:	Beauty Ou Name of	SOUV C WEET LL	
The enclose	d Articles of Organization and feet	(s) are submitted for filing.	
Please retur	n all correspondence concerning th	is matter to the following:	
	Sally Portillo	`	
•		Name of Person	
	Beauty Outsource LLC		
•		Firm/Company	
	1000 North 13th Avenue		
·		Address	
	Hollywood, FL 33019		
b	eautyoutsource.com@gmail.com	City/State and Zip Code	
_	E-mail address: (to be	used for future annual report notification)	
For further in	formation concerning this matter, p	olease call:	
-	Sally Lorhilo a	Area Code Daytime Telephone N	umber
Enclosed is	a check for the following amount:		
\$125,00 Fil	ing Fee \$130.00 Filing Fee Certificate of Statu	s 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 C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liabi	lity Company is:			FILED
Beauty Outsource l	LLC.			16 MAY -6 PH 3-00
(Must en	d with the words "Limite	d Liability Company	y, "L.L.C.," or "LLC.")	•
ARTICLE II - Address: The mailing address and street	address of the principal of	office of the Limited	l Liability Company is:	ELECTRICAL CONTROL
Princi	pal Office Address:		Mailing Add	ress:
1000 North 13th A			0 North 13th Avenue	
Hollywood Fl 3301	9	Hol	lywood FI 33019	
The name and the Florida stree	et address of the registere Sally Portillo	d agent are:		
The name and the Florida stree	et address of the registere	d agent are:		
	Sally Portillo			
		Name		
	1000 North 13th Av	enue		
	Florida street addres	ss (P.O. Box <u>NOT</u> a	(cceptable)	
	Hollywood	FL	33019	
	City	State	Zip	
laving been named as registered lace designated in this certifical urther agree to comply with the j m familiar with and accept the d	te, I hereby accept the app provisions of all statutes to obligations of my position	pointment as register relating to the proper	red agent and agree to act r and complete performan as provided for in Chapte	in this capacity. I ace of my duties, and I
	•	Page 1 of 2		

Title: "AMBR" = Authorized "MGR" = Manager		and Address:	
MGR		Portillo North 13th Avenue . Hollywo	
· · · · · · · · · · · · · · · · · · ·			
(Use attachment if nec	ccaru)		
EV: Effective date, if ective date is listed, the of filing.)	ther than the date of filing: date must be specific and cannot block does not meet the applicab the Department of State's records	t be more than five business of the statutory filing requirement	days prior to or 90 da
EV: Effective date, if ective date is listed, the of filing.) the date inserted in this ment's effective date on EVI: Other provisions	date must be specific and cannot block does not meet the applicab the Department of State's records	t be more than five business of the statutory filing requirements.	days prior to or 90 da
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