

**L1600018452051**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H16000184527 3)))



H160001845273ABC1

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

**To:**

Division of Corporations  
Fax Number : (850)617-6381

**From:**

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
IMPERIAL BEAUTY BAR LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

RECEIVED

16 AUG -1 PM 3:29

TALLAHASSEE, FLORIDA

RECEIVED

16 AUG -1 PM 3:25

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

H16000184527

**ARTICLES OF ORGANIZATION**  
**FOR**  
**FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

Imperial Beauty Bar LLC

**ARTICLE II - Address:**

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

P: 10744 SW 72 St Miami FL 33173

M: 12936 SW 49th St Miami FL 33175

**ARTICLE III - Registered Agent, Registered Office:**

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

Stephanie Cruz  
10744 SW 72 ST Miami FL  
33173

**ARTICLE IV-**

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

Stephanie Cruz AMBR

16 AUG - 1 PM 1:25

FILED

H16000184527

H16000184527

**Required Signatures:**

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

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.

Stephanie Cruz  
Typed or printed name of signee

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..

Stephanie Cruz  
Registered Agent's Signature (REQUIRED)

H16000184527