

L16000182209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

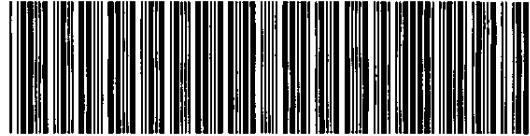
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200290630862

09/29/16--01019--005 **125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 SEP 29 AM 10:23

EFFECTIVE DATE 09/25/16

09/30/16

September 25, 2016

Florida Dept. of State
Division of Corporations
PO Box 6327
Tallahassee, Fl. 32314

Re: Articles of Organization for Florida Limited Liability Co.

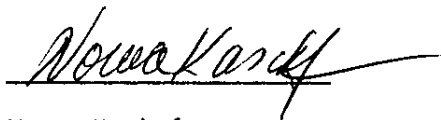
BRIZA SALON & SPA, LLC

To Whom It May Concern:

Due to the dissolution of the partnership between Kimberly Joynt and Norma Kasdorf, previous owners of Briza Salon & Spa, LLC, the undersigned (Norma Kasdorf) is now the sole owner of Briza Salon & Spa, LLC and is herein filing new articles of organization as attached.

Due to the non-filing of the 2016 Annual Report, the entity has been dissolved by the State. Ms. Norma Kasdorf respectfully requests that she be allowed to keep the name of the business, since she was a partner and is now sole owner.

Respectfully,

A handwritten signature in black ink, appearing to read "Norma Kasdorf", is written over a horizontal line.

Norma Kasdorf

Manager, Briza Salon & Spa, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 SEP 29 AM 10:23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Briza Salon & Spa
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:

NORMA KASDORF
Name of Person

100 NE 6th Street Suite 103
Firm/Company

BOYNTON BEACH
Address

FLORIDA 33435
City/State and Zip Code

brizasalonspa@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NORMA KASDORF at (561) 317-0634
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BRIZA SALON & SPA 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:

100 NE 6th Street
SUITE 103
BOYNTON BEACH FL
33435

Mailing Address:

100 NE 6th Street
SUITE 103
BOYNTON BEACH FL
33435

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.)

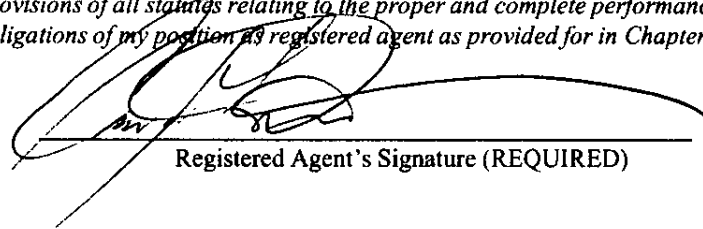
The name and the Florida street address of the registered agent are:

CAROLYNNE DESIMONE
Name

1372 STONYBROOK LANE
Florida street address (P.O. Box **NOT** acceptable)

BOYNTON BEACH, FL. 33437
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.


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

1

MGR

Name and Address:

NORMA KASDORF
300 MAIN BLVD APT 13
BOYNTON BEACH FL 33435

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: September 25/2016 (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:

Norma Kasdorf

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.

NORMA KASDORF

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)