

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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2017 AUG 30 AM 9:23
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

From: Account Name : TRIAD PROFESSIONAL SERVICES
 Account Number : I20160000003
 Phone : (850)777-2091
 Fax Number : (770)220-1943

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

Email Address: _____

RECEIVED
 17 AUG 30 PM 3:38
 DIVISION OF CORPORATIONS
 BUREAU OF COMMERCIAL
 INFORMATION SERVICES

**FLORIDA LIMITED LIABILITY CO.
 HF Beauty & Wellness, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Corrected -
 Resubmission

AUG 31 2017
 C Kinsey

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: HF Beauty & Wellness, 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:

Scot C. Crow
Name of Person
Dickinson Wright PLLC
Firm/Company
150 E. Gay Street, Suite 2400
Address
Columbus, OH 43215
City/State and Zip Code
SCrow@dickinsonwright.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person at (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:

IIF Beauty & Wellness, LLC
(Must contain 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:

Mailing Address:

650 W. Avenue, Unit 1508
Miami Beach, FL 33139

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Miami Beach, FL 33139

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:

Dickinson Wright PLLC
Name
c/o Sarah Cavanaugh, 350 E. Las Olas Blvd., Suite 1750
Florida street address (P.O. Box NOT acceptable)
Ft. Lauderdale FL 33301
City State Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

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
MGR

Name and Address:

Isiah Orin
650 W. Avenue, Unit 1508
Miami Beach, FL 33139

(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:

, Authorized Representative

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.

Sarah B. Covannugh
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)