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Division of Corporations

**Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : HARVARD BUSINESS SERVICES, INC.
Account Number : I28888888845
Phone : (382)645-7400
Fax Number : (382)645-1288

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

Email Address: diazadel30@gmail.com

**FLORIDA LIMITED LIABILITY CO.
Special Event Spa Service LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

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FLORIDA DEPARTMENT OF STATE
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September 6, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HARVARD BUSINESS SERVICES, INC

SUBJECT: SPECIAL EVENT SPA SERVICE LLC
REF: W17000072737

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

SPECIAL EVENT SPA SERVICE LLC on the cover sheet states its a foreign llc and the articles state its a Florida llc please choose correct filing.,

If you have any further questions concerning your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

FAX Aud. #: H17000239083
Letter Number: 817A00018385

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Special Event Spa Service 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:7825 Fairview Dr. Bldg 25, Apt. 109
Tamarac, FL 33321Mailing Address:7825 Fairview Dr. Bldg 25, Apt. 109
Tamarac, FL 33321

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:

Adelaida Diaz

Name

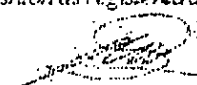
7825 Fairview Dr. Bldg 25, Apt. 109Florida street address (P.O. Box NOT acceptable)TamaracFL33321

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

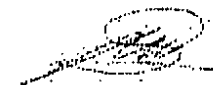
"MGR" = Manager

AMBR**Name and Address:**Adelaida Diaz7825 Fairview Dr. Bldg 25, Apt. 109Tamarac, FL 33521

(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:**

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.

Adelaida Diaz_____
Typed or printed name of signer**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)