

L18000046627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

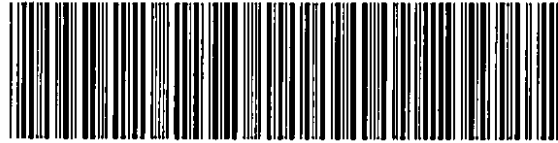
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

M. MOON  
FEB 23 2018



200308349962

FILED

18 FEB 22 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

2018 FEB 22 PM 4:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 081746 8141646

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : February 22, 2018

ORDER TIME : 2:47 PM

ORDER NO. : 081746-005

CUSTOMER NO: 8141646

DOMESTIC FILING

NAME: AESTHETIC APE LLC

EFFECTIVE DATE:

\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

FILED  
18 FEB 22 AM 9:25  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Aesthetic Ape 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:

Mohamed Mehdi Loidani

Name of Person

Aesthetic Ape LLC

Firm/Company

1280 S Alhambra Cir #1114

Address

Coral Gables, FL 33146

City/State and Zip Code

Mehdi@aestheticape.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mohamed Mehdi Loidani 561 789-2089  
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

FILED  
18 FEB 22 AM 9:25  
TALLAHASSEE  
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Aesthetic Ape 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:

1280 S Alhambra Cir #1114

Coral Gables, FL 33146

Mailing Address:

1280 S Alhambra Cir #1114

Coral Gables, FL 33146

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:

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee

FL

32301

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.*

Corporation Service Company

By

Roxanne Turner  
Registered Agent's Signature (REQUIRED)

Roxanne Turner  
Asst. Vice President

(CONTINUED)

FILED  
18 FEB 22 AM 9:25  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**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:**

Mohamed Mehdi Loudani

1059 Kokomo Key Lane

Delray Beach Fl, 33483

MGR

Rami Isam Sami

1280 S Alhambra Cir #1114

Coral Gables, FL 33146

(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.

Mohamed Mehdi Loudani

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)

FILED  
18 FEB 22 AM 9:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA