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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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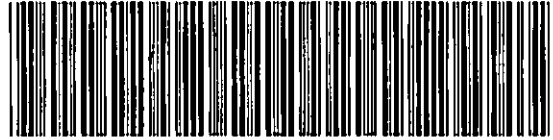
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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18 MAY 10 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D O'KEEFE

MAY 16 2018

COVER LETTER

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

SUBJECT: Beleza Investments, 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:

John O. McManus

Name of Person

McManus & Associates

Firm/Company

571 Central Avenue, Suite 120

Address

New Providence, New Jersey 07974

City/State and Zip Code

rocco@mcmanuslegal.com

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

For further information concerning this matter, please call:

Rocco Seminerio	908	898-0100 ext. 102
_____	at (_____)	_____
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input checked="" type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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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

Date: May 1, 2018

VIA PRIORITY MAIL

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Articles of Organization Filing for Florida Limited Liability Company

Dear Sir / Madam:

Enclosed please find one (1) original Articles of Organization for the following limited liability company:

1) Beleza Investments, LLC

In addition, enclosed please find a check for \$155.00, representing the filing fee and the fee for a certified copy.

Please return one (1) certified copy of the Articles of Organization back to our New Jersey office. Our office address is 571 Central Avenue, Suite 120, New Providence, New Jersey 07974.

Thank you for your prompt attention to this matter. In the meantime, if you have any questions, please do not hesitate to call me directly at (908) 898-0100 ext. 102.

Sincerely,


Rocco Seminero

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Beleza Investments, 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:

811 The Esplanade North
Apartment #702, Venice, Florida 34285

Mailing Address:

117 Lisa Drive
Northport, New York 11768

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:

Robert Pollichino

Name

811 The Esplanade North, Apartment #702

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

Venice

Florida

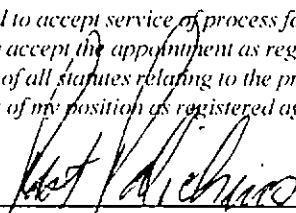
34285

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)

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TALLAHASSEE, FLORIDA

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:

Robert Pollichino

811 The Esplanade North, Apartment #702

Venice, Florida 34285

(Use attachment if necessary)

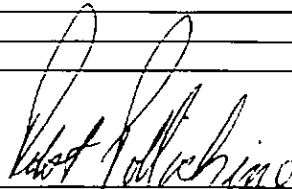
ARTICLE V: Effective date, if other than the date of filing: _____, (OPTIONAL)

(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.

Robert Pollichino

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)

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