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SECRETARY OF STATE ALLAHASSEE. FLORIDA

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COVER LETTER

TO:

New Filing Section

Tallahassee, FL 32314

Division of Corporations
SUBJECT: Studio J. Chanel Permanent Cosmetics 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:
Jessica Chanel Adkinson Name of Person
Studio J. Chanel Permanent Cosmetics LLC Firm/Company
1111 Biscayne Blvd Ph 1417 Address
MIAMI FLORIDA 33/8/ City/State and Zip Code j Chanel Makeup @ J mail. Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee S130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
STUDIO J. Chanel Permanent	Cosmetics LLC
(Must contain the words "Limited Liability Con	
ARTICLE II - Address: The mailing address and street address of the principal office of the I	limited Liability Company is:
Principal Office Address:	Mailing Address:

1442 NE MIAMI Place
1111 Biscayne BIVD
PH 1417
MIAMI, FL 33132
MIAMI FL 33181

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:

ARTICLE I - Name:

Moses Wallace

Name

IIIII BISCAYNC BIVD PH 1417

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

MIAM: FL 33191

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)

FILED RW AUG -9 AH 3: 49 SECRETARY OF STATE TALLAHASSEE, FLORIDA

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBK	Jessica Chanel Adkinson 11111 Biscayne Blva ph 1417 Miami, FL 3:3181
(Use attachment if necessary)	
CLE V: Effective date, if other than the dat effective date is listed, the date must be steed of filing.) If the date inserted in this block does not	e of filing: $09-01-2018$. (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days af meet the applicable statutory filing requirements, this date will not be liste
cument's effective date on the Departmen	of State's records.
CLE VI: Other provisions, if any.	ALEC SEC
	ARE TAKE
	SSR EH Y

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b). Florida Statute of a may 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.

Jessica Chard Adkinson
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)

ARTICLE IV-

S 5.00 Certificate of Status (Optional)