## Division of Corporations Electronic Filing Cover Sheet

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## FLORIDA LIMITED LIABILITY CO. NAROTIQUE MED SPA, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

ETARY OF STATE
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Help

PAGE 02/03

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A D'TICTE DE C. S.	- · · · <u>-</u>
ARTICLE I - Name: The name of the Limited Liability Company is:	
Narotique Med Spa	// (
The mailing address and street address of the princip. Company is:	al office of the Limited Liability
20401 NW 2nd Ane Suite 208	Miami, F1 33/69
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the register Company cannot serve as its own Registered Agent. You must designate an indi- with an active Florida registration.)	red agent are: (The Limited Liability violated or another business entity
(1955andra Yolanda	Robinson
_20401 NW 2nd	-0.42
Miami FL	33169
ARTICLE IV The name and title of each person authorized to manage Liability Company: (MGR or AMBR)	ge and control the Limited
Cassandra Yolanda R	obinson ( )
Richard Clarke	(AMBR) 1 F
	P € P

## Required Signatures:

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

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Typed or printed name of signee

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)