

L19000075562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

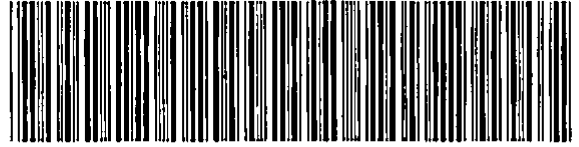
(Business Entity Name)

(Document Number)

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CLERK OF COURT
TALLAHASSEE, FLORIDA

N CULLIGAN

18 2019

COVER LETTER

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

SUBJECT: LUXE BEAUTY NAILS 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:

MIGUEL ANGEL SALAS
Name of Person

LUXE BEAUTY NAILS LLC
Firm/Company

702 RAILROAD ST N, UNIT D
Address

WIMAUMA, FL 33598
City/State and Zip Code

LUXEBEAUTY813@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIGUEL A SALAS 813 614-7373
at ()
Name of Person Area Code Daytime Telephone Number

**Payment was received by your office. See reference #
W19000026188**

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 18, 2019

MIGUEL ANGEL SALAS
702 RAILROAD ST N UNIT D
WIMAUMA, FL 33598

SUBJECT: LUXE BEAUTY LLC
Ref. Number: W19000026188

We have received your document for LUXE BEAUTY LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Neysa Culligan
Regulatory Specialist II

Letter Number: 719A00005338

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LUXE BEAUTY NAILS 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:

702 RAILROAD ST N, UNIT D
WIMAUMA, FL 33598

Mailing Address:

5755 NEWMAUMA PARK DR.
WIMAUMA, FL 33598

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:

MIGUEL ANGEL SALAS

Name

702 RAILROAD ST N, UNIT D

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

WIMAUMA

FL

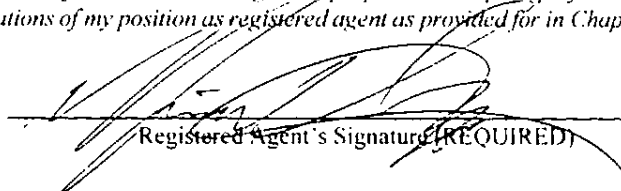
33598

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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, MGR

Name and Address:

MIGUEL ANGEL SALAS

704 STEPHENS RD.

RUSKIN, FL 33570

AMBR, MGR

ALEJANDRO GARCIA

5755 NEWMAUMA PARK DR.

WIMAUMA, FL 33598

(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.

Miguel Angel Salas

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
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CLERK OF THE
SOLICITOR GENERAL
TALLAHASSEE, FLORIDA