

APR/18/2019 THU 1:19 PM

4/18/2019

FAX No.

Division of Corporations

L190000100043

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000127918 3)))



H190001279183ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : EXPRESS CORPORATE FILING SERVICE INC.  
Account Number : I20000000146  
Phone : (305)444-4994  
Fax Number : (305)444-4977

19 APR 18 PM 5:45  
DIVISION OF CORPORATIONS

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
AESTHETICALLY SPEAKING LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

C RICO  
APR 18 2019

Electronic Filing Menu      Corporate Filing Menu      Help

**ARTICLES OF ORGANIZATION**  
**OF**  
**AESTHETICALLY SPEAKING LLC**

**ARTICLE I**

The name of the limited liability company is **AESTHETICALLY SPEAKING LLC**

---

**ARTICLE II**

The address of the principal office and the mailing address of the limited liability company is:

15170 SW 116<sup>th</sup> Terrace  
Miami, FL 33196

**ARTICLE III**

The purpose for which this Limited Liability Company is organized is any and all lawful business.

---

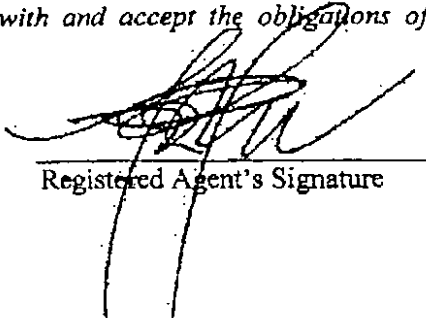
**ARTICLE IV**

The name and the Florida street address of the registered agent of the limited liability company is:

ARAGON REGISTERED AGENTS, INC.  
255 Alhambra Circle  
Suite 500  
Coral Gables, FL 33134

*Having been named as the 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.*

Date: \_\_\_\_\_

  
\_\_\_\_\_  
Registered Agent's Signature

ARTICLE V

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:Name and Address:

AMBR

Tanya Patron Borbolla  
15170 SW 116<sup>th</sup> Terrace  
Miami, FL 33196

---

AMBR

Melissa White  
21728 SW 99<sup>th</sup> Avenue  
Miami, FL 33190


AMBR

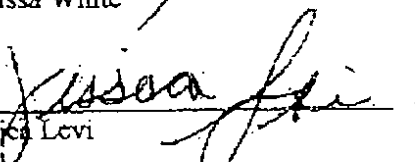
Jessica Levi  
2500 Biscayne Blvd., Apt: 1801  
Miami, FL 33137

*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.*

Authorized Signee:

  
Tanya Patron Borbolla

  
Melissa White

  
Jessica Levi