## 190001291

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only

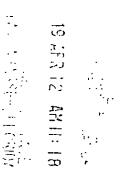
K DAGE

APR 2 2 2019



600327520856

84/12/19--01825--085 \*\*155.88



## **COVER LETTER**

New Filing Section

TO:

Division of Corporations
SUBJECT: <u>Elegondein Paris</u> Beauty Barll 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:
ashley Flournoy Name of Person
Elegance in Paris Beauty Bare
1624 49th Street South
St. Petersburg, FL 33707 City/State and Zip Code
OShleyfloxnoyACOMQI. Com  Email address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ashley Flournay at (727) 1631 - 5781  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 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 BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must contain the words "Limited Liability Co	ompany, "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:	Mailing Address:
Judy 49th Street S St Petersburg, FL 33707	St. Petersburg, Fl. 33707

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must design

(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:

The name of the Limited Liability Company is:

OSNIEU HOYNOU

Name

|UQUAGHN Stylet S

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

St. Petersburg FL 33707

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 (REQUIRE)

(CONTINUED)

ARTICLE IV- The name and address of each person a	uthorized to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:  Vannis Walker  The Day Acith Street S  St. Petersburg, FL 33707
(Use attachment if necessary)	
the date of filing.)	pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	
This document is exect I am aware that any fals	nember or an authorized representative of a member.  ated in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State see felony as proyided for in s.817.155, F.S.

## Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)