

**L1900124275**

Florida Department of State  
Division of Corporations  
State of Florida

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

**From:**  
Account Name : SUPERBIZ.COM, INC.  
Account Number : 120070000160  
Phone : (800) 494-3124  
Fax Number : (305) 675-2811

**\*\*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.**

**Ibelle Beauty LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2019 MAY 14 PM 2:41

19 MAY 14 AM 10:34  
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**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED  
LIABILITY COMPANY**

**ARTICLE I: NAME**

The name of the Limited Liability Company is:

Ibelle Beauty LLC

**ARTICLE II: Address**

The mailing address and street address of the principal office of the Limited Liability Company is:

7795 Playschool Ln  
Jacksonville, FL 32210

**ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED  
AGENT SIGNATURE**

The name and the Florida street address of the registered agent are:

Camisha Miller  
7795 Playschool Ln  
Jacksonville, FL 32210

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CLERK OF STATE  
TALLAHASSEE, FL 32309

Having been named as registered agent 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.

X / s/ c Miller

Camisha Miller

/ Registered Agent's Signature

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

AMBR = AUTHORIZED MEMBER MGR = MANAGER

AMBR: Camisha Miller

7795 Playschool Ln

Jacksonville, FL 32210

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ARTICLE V: ANY OTHER PROVISION OR PURPOSE OF THE LIMITED LIABILITY COMPANY

X / s / c Miller

Camisha Miller

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.)

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