# Trorida 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 sudit number (shown below) on the top and bottom of all pages of the document.

(((H19000208910 3)))



H190002089103ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

o:			
	Division of (		
	Fax Number	: (850)617-6381	

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 12000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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

Embil Address:

## FLORIDA LIMITED LIABILITY CO. THE HAIR LOUNGE IN SOUTH MIAMI LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

3052201440

FILED

19 JUL -9 AM 9:5

### ARTICLES OF ORGANIZATION **FOR**

SEUNETAN DE LA TALLAHASSEE, FLORII

#### FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** The name of the Limited Liability Company is:

1ne 1	<u>naiv</u>	lounge	in	South	Miami	ilc
		J	ARTIC addres	LE II - Addre	<b>:</b> 88:	the Limited Liability
<u>5770</u>	<u>5u</u>	s 114 tex	<u>' 'n</u>	Diami Fl	33156	2
The t	name and	st serve as its own Regis	et addi tered Age	ess of the res	ristered agent nate an individual o	fice: tare: (The Limited Liability ranother business entity
<u>Victor</u> 5770	ia B	eth <u>Pere</u>	2	Mian. Fl	33156	, >
		Liabili	erson : ty Con	npany: (MGR	or AMBK)	control the Limited
		Betty Pe Villa (An			3R)	

3052201440

#### 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 I erein 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 agen: as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

SEUNLINGER FLORID