1 20000037707

(Requestor's Name)
(Address)
(Address)
(identity)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(coornell remos)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
operations to 1 ming offices.

Office Use Only



400339007434

0.(1/1)0./20+-0.1008+-0.20-**160.00

110

COVER LETTER

	New Filing Sec Division of Co			
SURIFO	Hi Doll Co			
30000	-11		nited Liability Company	
The encl	osed Articles of	Organization and fec(s) are	e submitted for tiling.	
Please re	turn all corresp	ondence concerning this ma	ntter to the following:	
	Katic Palaci	o		
			Name of Person	· · · · · ·
			Firm/Company	
	78 Ponte Ve	edra Colony Circle		
		-	Address	
	Ponte Vedra	Beach FL 32082		
	katie@hidoll	Cosmetics.com	ity/State and Zip Code	
		E-mail address: (to be used	for future annual report notificat	ion)
For further	r information ec	ncerning this matter, please	ecall:	
	Katie Palacie	5 61	8344939	
	Nam	ne of Person A	rea Code Daytime Telephor	ne Number
Enclosed	Lis a check for t	he following amount:		
□\$125.	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailir	na Addross	Straut Addrage	S: S:

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 SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must conat	in the words "Limited Lial	oility Company,	"L.L.C.," or "LLC.")	
RTICLE II - Address:	de la constitución de la constit	a a Celant imitaal	Linkilla, Communicia	
ne mailing address and street ad	aress of the principal offic	e of the Limited	that my Company is:	
<u>Principa</u>	l Office Address:		Mailing Address:	
78 Ponte Vedra Color	y Circle	P.O.	Box 204	
Ponte Vedra Beach Fl	Ponte Vedra Beach Florida 32082		Ponte Vedrea Beach FL 32004	
TICLE III - Registered Age e Limited Liability Company of ther business entity with an ac	nt, Registered Office, & I cannot serve as its own Re ctive Florida registration.)	gistered Agent. \	nt's Signature:	
RTICLE III - Registered Age the Limited Liability Company of nother business entity with an ac	nt, Registered Office, & I cannot serve as its own Re ctive Florida registration.)	gistered Agent. \	nt's Signature:	
ARTICLE III - Registered Age The Limited Liability Company on nother business entity with an ac the name and the Florida street a	nt, Registered Office, & I cannot serve as its own Rective Florida registration.) ddress of the registered ag	gistered Agent. \	nt's Signature:	
RTICLE III - Registered Age The Limited Liability Company on nother business entity with an ac	nt, Registered Office, & I cannot serve as its own Rective Florida registration.) ddress of the registered ag	gistered Agent. \ ent are: ame	nt's Signature:	
RTICLE III - Registered Age The Limited Liability Company on nother business entity with an ac	nt, Registered Office, & I cannot serve as its own Rective Florida registration.) ddress of the registered ag Barbara Leiran	ent are: ame Circle	nt's Signature: You must designate an individ	
RTICLE III - Registered Age the Limited Liability Company of nother business entity with an ac	nt, Registered Office, & I cannot serve as its own Rective Florida registration.) ddress of the registered ag Barbara Leiran N 78 Ponte Vedra Colony	ent are: ame Circle	nt's Signature: You must designate an individ	

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)

2020 JAN IO AMIO: 41 SECRETARY OF STAT ARTICLE IV-

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

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
AMBR	Katie Palacio 78 Ponte Vedra Colony Circle Ponte Vedra Beach FL 32082	
<u>AMBR</u>	Emma Coochin 6 St Kilda Road St Kilda VIC 3182 AU	
(Use attachment if necessary)		
(If an effective date is listed, the date must be sp the date of filing.)	te of filing:	•
ARTICLE VI: Other provisions, if any.		
This document is execu I am aware that any fals	nember or an authorized representative of a member, auted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.	_
Constitutes a triba degre	ee renony as provided for in \$.817.155. F.S.	į

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)