

L20000121760

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

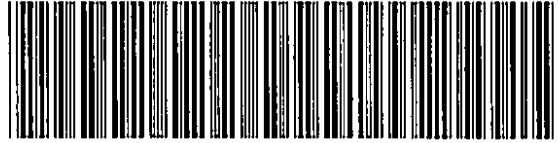
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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04/20/20--01032--021 **160.00

FILED
2019 MAY -4 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. MOON

MAY 08 2020

W20-40349



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 23, 2020

DEGELIE SEVERE
GLAMOUR BEAUTY SALON
1424 NE 178TH ST
NORTH MIAMI BEACH, FL 33162

SUBJECT: GLAMOUR BEAUTY SALON, LLC.
Ref. Number: W20000040349

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TALLAHASSEE, FLORIDA

We have received your document for GLAMOUR BEAUTY SALON, LLC. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please include a complete address for the person listed in Article IV of the Articles.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 220A00008520

2020 MAY -4 AM 8:04
Division of Corporations

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: GLAMOUR BEAUTY SALON
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:

DEGELIE SEVERE

Name of Person

GLAMOUR BEAUTY SALON

Firm/Company

1424 NE 178TH ST

Address

NORTH MIAMI BEACH FL 33162

City/State and Zip Code

DEGELIESEVERE@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DEGELIE SEVERE

754

779-9136

at ()

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

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GLAMOUR BEAUTY SALON, LLC.

(Must contain the words "Limited Liability Company," "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:

5942 PEMBROKE RD WEST PARK FL 33023

1424 NE 178TH ST NORTH MIAMI B
FL 33162

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

DEGELIE SEVERE

Name

1424 NE 178TH ST

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

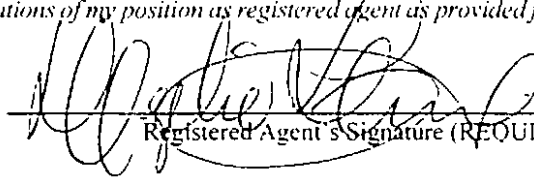
NORTH MIAMI BEACH FL 33162

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 (REQUIRED)

(CONTINUED)

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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:

MGR

DEGELIE SEVERE 20910 NE 8TH CT APT 103
MIAMI, FL, 33179

(Use attachment if necessary)

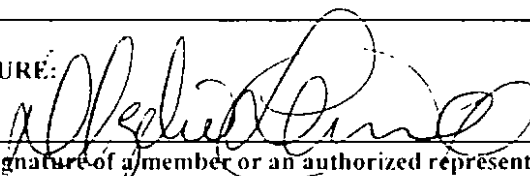
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any:

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

DEGELIE SEVERE

Typed or printed name of signer

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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CLERK OF STATE
TALLAHASSEE, FLORIDA