

# L20000175972

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H20000199225 3)))



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To:

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

From:

Account Name : BUSINESS ACCOUNTING PROFESSIONALS CORP  
Account Number : I20190000020  
Phone : (786)953-7449  
Fax Number : (786)953-7450

**\*\*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.  
BT BEAUTY THERAPY LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

2020 JUN 29 PM 4:54

FILED

2020 JUN 29 PM 1:27

Florida Department of State  
Division of Corporations  
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**Articles of Organization  
For  
Florida Limited Liability Company**

The undersigned company, for the purpose of forming a Florida limited liability company, hereby adopts the following Articles of Organization:

**Article I**

The name of the limited liability company is:  
**BT BEAUTY THERAPY LLC**

**Article II**

The street address of the principal office of the Limited Liability Company is:  
**1840 SOUTH TREASURE DRIVE, APT 5.  
NORTH BAY VILLAGE, FL. 33141**

The mailing address of the Limited Liability Company is:  
**1840 SOUTH TREASURE DRIVE, APT 5.  
NORTH BAY VILLAGE, FL. 33141**

**Article III**

Other provisions, if any:  
**ANY AND ALL LAWFUL BUSINESS.**

**Article IV**

The name and Florida street address of the registered agent is:  
**ELSA M. RIOS BUSTAMANTE  
1840 SOUTH TREASURE DRIVE, APT 5.  
NORTH BAY VILLAGE, FL. 33141**

Having been named as a registered agent and to accept service of process of 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.

Registered Agent Signature: \_\_\_\_\_

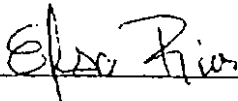
*Elsa Rios*

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JANESVILLE, WI

**Article V**

**The name and address of person(s) authorized to manage the LLC:**

Title: AMBR  
ELSA M. RIOS BUSTAMANTE  
1840 SOUTH TREASURE DRIVE, APT 5.  
NORTH BAY VILLAGE, FL. 33141

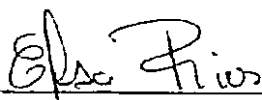
Signature: 

**Article VI**

**The effective date of this Limited Liability Company Shall be:**

06/27/2020

**Signature of member or an authorized representative:**

Signature: 

I am a member or authorized representative submitting these Articles of organization and affirm that the facts state herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provide for in S.817.155, F.S. I understand the requirement to file an annual report between January 1<sup>st</sup> and May 1<sup>st</sup> in the calendar year following the formation of the LLC and every year thereafter to maintain "active" status.