

Florida Department of State
Division of Corporations
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To:
 Division of Corporations
 Fax Number : (850)617-6381

From:
 Account Name : EPGD ATTORNEYS AT LAW, P.A.
 Account Number : 120140000049
 Phone : (786)837-6787
 Fax Number : (305)718-0687

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

Email Address: yasemin@epgdllaw.com

FLORIDA LIMITED LIABILITY CO.
FIGARO BARBER HOLDING, LLC

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

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2020 JUL 15 AM 10:45

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TALLAHASSEE, FL

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CORPORATIONS
BUREAU OF COMMERCIAL
INTEGRITY SERVICES

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FIGARO BARBER HOLDING, 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:

1101 Brickell Ave.

701 Brickell Ave.

Ste. 310878

Ste. 850

Miami, FL 33131

Miami, FL 33131

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:

EPGD Business Law

Name

777 SW 37th Ave., Ste. 510

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

Miami, FL 33135

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:MGRJhon Isaza
1101 Brickell Ave., Ste. 310878
Miami, FL 33131MGRAlain Biblowicz
1101 Brickell Ave., Ste. 310878
Miami, FL 33131MGRAndrea Gomez
1101 Brickell Ave., Ste. 310878
Miami, FL 33131MGRCarlos Medina
1101 Brickell Ave., Ste. 310878
Miami, FL 33131

(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.Carolina Gomez, Authorized Representative

Typed or printed name of signee

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)

STATE OF FLORIDA
DEPARTMENT OF STATE
TALLAHASSEE, FL

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