rida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

Fax Number

: (850)617-6381

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067

Fax Number

: (845)425-0077 : (845)818-3588

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

Email Address: statenotices@vcorpservices.com

FLORIDA LIMITED LIABILITY CO.

G-Way Beauty LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

J. FASON

AUG 0 3 2020

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Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam	ť				
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The name of the Limited Liability Company is:

G-Way Beauty 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:

1261 East Bay Street	1261 East Bay Street		
Winter Garden, FL 34787	Winter Garden, FL 34787		

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.

Tawanya Green		
	Mame	
1261 East Bay Street	ŧ	
Florida street addres	s (P.O. Box <u>NOT</u> ac	cceptable)
Winter Garden	FL.	34787
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. Thereby 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)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Tawanya Green 1261 East Bay Street
	Winter Garden, FL 34787
	Willer Garden, C. 24797
	20
	ے ہ
	. :
	$ \omega$
(Use attachment if necessary)	date of filing:
(the marmen n necessary)	
RTICLE V: Effective date, if other than the	date of filing (OPTIONAL) T
	e specific and cannot be more than five business days prior to or 90 days a
e date of filing.)	
	not meet the applicable statutory filing requirements, this date will not be list
ie document's effective date on the Departm	ient of State's records.
RTICLE VI: Other provisions, if any.	
RETURN VI. Other provisions, it may.	
REQUIRED SIGNATURE:	,
	/ 9
Ci.en.et.un. of	a member or an authorized representative of a member.
This document is ex	secuted in accordance with section 605.020 (1) (b), Florida Statutes.
I am aware that any	false information submitted in a document to the Department of State
	egree felony as provided for in s.817 155, F.S.
* -	
Тамалуа Ого	Typed or printed name of signee
	Typed of 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)