Florida Department of State Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Doing so will generate another cover sheet.	2020 SEC TALL
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To:		
	Division of Corporations	3. SS:
	Fax Number : (850)617-6381	>- ئىيا
From:		<u>™</u> =
	Account Name : LEGALZOOM.COM INC.	AH IO:
	Account Number : I20010000062	22 O
	Phone : (323)962-8600	o mo
	Fax Number : (323)962-3889	A

*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. LadyLuck's Beauty On The Go! LLC

Certificate of Status	0
Certified Copy	I
Page Count	03
Estimated Charge	\$155.00

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Electronic Filing Menu

Corporate Filing Menu

Help

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ARTICLES OF ORGANIZATION FOR FEORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

LadyLuck's Beauty On The Go! LLC

(Must conatin 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:

<u>Princig</u>	ml Office Address:		Mailing Address:			
665 School St Cocoa, Florida 3292	2					
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an The name and the Florida street	active Florida registratio	on.) i agent are:	t's Signature: ou must designate an individu	CKE IAS LAHASSE	2020 AUG 31	
Ni ro						
5575 S. Semoran Blvd. Suite 36 Florida street address (P.O. Box NOT acceptable)						(_,/
	Florida street address (P.O. Box NOT acceptable)					
	Orlando	Florida	32822			
	Ø,	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 his 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 Copt: 605, ES

Registered Agent's Signature (EQJRED)

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
AMBR	Sharina Diane Petit	
	665 School St	
	Cocoa, Florida 32922	
	<u> </u>	707
-	A	ZUZU AUG
	# <u>#</u>	5
	SS XX	<u></u>
	m-c	
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(Use attachment if necessary)	- Para Barana Baran	AM 10: 39
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LEV: Effective date, if other than the date of fi	ding (OPTIONAL)	
ffective date is listed, the date must be specifi e of filing.)	c and cannot be more than five business days prior to or 90 de	ays
	the applicable statutory filing requirements, this date will not b	e lic
rument's effective date on the Department of S		~ 11.3
·		
LEVI: Other provisions, if any.		
REQUIRED SIGNATURE:	0 m	
Signature of a member	or an authorized representative of a member.	
	n accordance with section 605.0203 (1) (b), Florida Statutes.	
I am aware that any false info		

Filing Fees:

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

constitutes a third degree felony as provided for in s.817.155, F.S.

Cheyenne Moseley, Legalzoom.com, Inc.

Typed or printed name of sign €

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)