

L20000266626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

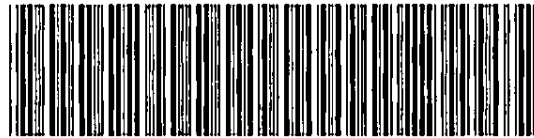
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/18/20--01003--020 **125.00

Derrick Thompson

NEFERTITI THE BEAUTY SALON INC
1217 HOMESTEAD RD N
LEHIGH ACRES, FL 33936
239-645-7030

August 10, 2020

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Ref: Document Number P19000089259.

This letter is to certify that I, Odeth R Rineda, President of Nefertiti The Beauty Salon Inc., I will not intent to revoke the dissolution of the above mention incorporation, and will like to register the same name Nefertiti The Beauty Salon LLC, please find attached the articles of organization for a liability company.

If you have any questions or need more information please contact me at the above address.

Sincerely,


Odeth R Pineda



JEMA TAXES <jemataxes@gmail.com>

Corporate Dissolution - P19000089259

1 message

OnlineWebEvent@dos.state.fl.us <OnlineWebEvent@dos.state.fl.us>
To: JESSE@jemataxes.com

Thu, Aug 13, 2020 at 3:34 AM

Re: Document Number P19000089259

The Articles of Dissolution dissolving NEFERTITI THE BEAUTY SALON, INC, a Florida corporation, were filed on August 11, 2020.

Should you have any questions regarding this matter, please telephone (850) 245-6050, the Amendment Filing Section.

Division of Corporations

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Nefertiti The Beauty Salon LLC

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:

Jesse Reyes

Name of Person

Jema Tax & Services Inc

Firm/Company

4503 Lee Blvd

Address

Lehigh Acres, FL 33971

City/State and Zip Code

JESSE@JEMATAXES.COM

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

For further information concerning this matter, please call:

Jesse Reyes

239

244-9450

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Nefirtiti The 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:

1217 Homestead Rd N

Lehigh Acres, FL 33936

1217 Homestead RD N

Lehigh Acres, FL 33936

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:

Odeth R Pineda

Name

1217 Homestead Rd N

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

Lehigh Acres

FL

33936

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)

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

Odeth R Pineda

1217 Homestead RD N

Lehigh Acres, FL 33936

(Use attachment if necessary)

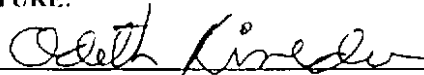
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

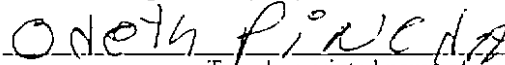
ARTICLE VI: Other provisions, if any.

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.



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)