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Florida Department of State
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FLORIDA LIMITED LIABILITY CO.
ANA BEAUTY STUDIO LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

ANA BEAUTY STUDIO LLC

(Must end with 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:

**13801 JEFFERSON ST
Miami, FL 33176**

Mailing Address:

**13801 JEFFERSON ST
Miami, FL 33176**

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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:

**ANA ARCILA
Name**

**13801 JEFFERSON ST
Florida Street address (P.O. Box NOT acceptable)**

**Miami, FL 33176
City, State, and 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 the 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 608, F.S..

x 
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV – Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	ANA ARCILA 13801 JEFFERSON ST MIAMI FL 33176

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Tuesday, October 06, 2020. (OPTIONAL)
(if an effective date is listed, the date must be specific and cannot be more than five business day prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


X 
Signature of a member or an authorized representative of a member.

(In accordance with section 605, Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Jose Rodriguez
Typed or printed name of signee

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me this Tuesday, October 06, 2020, ANA ARCILA the Member, who produced a Chilean passport no. and who did take an oath.


Idalmis Rodriguez, Notary Public
State of Florida at Large

