

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L20000340696**

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**FLORIDA LIMITED LIABILITY CO.  
WAXYOLOGIC, LLC**

Certificate of Status	1
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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:

**WAXYOLOGIC, 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:**

18199 NE 19<sup>th</sup> Ave  
North Miami Beach, FL 33162

**ARTICLE III: Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

MARIEL ARANTXA MARTE URBAEZ  
18199 NE 19<sup>th</sup> Ave.  
North Miami Beach, FL 33162

*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 in Chapter 605, F.S.*

  
\_\_\_\_\_  
Registered Agent's Signature

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**ARTICLE IV: Manager(s) or Managing Member(s)**

The name and address of each manager or Managing Member is as follows:

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STATE  
OFFICE

**Title: Name and Address:**

Manager Mariel Arantxa Marte Urbacz  
18199 NE 19<sup>th</sup> Ave.  
North Miami Beach, FL 33162

**ARTICLE V:** Effective date, if other than date of filing: November 2, 2020.  
(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.)

**SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3) Florida Statutes, the execution of this document  
Constitutes an affirmation under the penalties of perjury that the facts stated herein are true  
I am aware that my 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)

**MARIEL ARANTXA MARTE URBAEZ**

Typed or printed name of signee

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FILE