

11/5/2020

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Division of Corporations  
 Florida Department of State  
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To: Division of Corporations  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**FLORIDA LIMITED LIABILITY CO.  
 D'Brow Palace PLLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

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Electronic Filing Menu

Corporate Filing Menu

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T. BURCH

NOV 6 2020

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

D'Brow Palace PLLC

(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:**935 N Beneva Rd, Ste 609 95Sarasota, Florida 34232**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:

United States Corporation Agents, Inc.

Name

5575 S. Semoran Blvd, Suite 36Florida street address (P.O. Box **NOT** acceptable)OrlandoFlorida32822

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)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

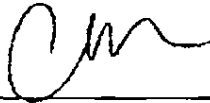
"MGR" = Manager

**Name and Address:**AMBR
Francy Yaciel McIntyre  
935 N Beneva Rd, Ste 609 95  
Sarasota, Florida 34232
AMBR
Carla Natalia McIntyre  
935 N Beneva Rd, Ste 609 95  
Sarasota, Florida 34232


(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.Permanent Makeup**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.

Cheyenne Moseley, LegalZoom.com, Inc.Typed or 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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**58-44-2010118**

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
Tattoo Artist License

58-BID-4463731

Tattoo - Artist

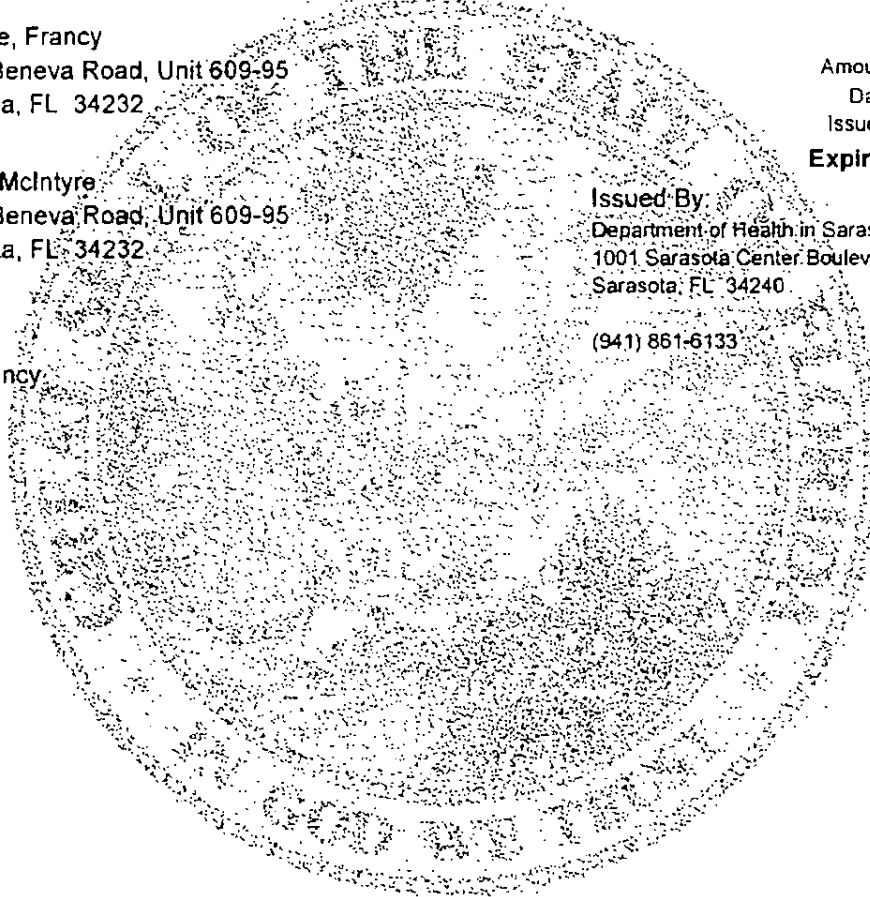
Issued To: McIntyre, Francy  
935 N Beneva Road, Unit 609-95  
Sarasota, FL 34232

County: **Sarasota**  
Amount Paid: \$60.00  
Date Paid: 10/29/2019  
Issued Date: 10/29/2019  
**Expires On: 10/28/2020**

Mail To: Francy McIntyre  
935 N Beneva Road, Unit 609-95  
Sarasota, FL 34232

Issued By:  
Department of Health in Sarasota County  
1001 Sarasota Center Boulevard  
Sarasota, FL 34240  
(941) 861-6133

Owner: McIntyre, Francy



Original Customer: McIntyre, Francy (NON-TRANSFERABLE)

DISPLAY CERTIFICATE IN A CONSPICUOUS PLACE



**58-44-2010118**

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
Tattoo Artist License  
Tattoos - Artist

58-BID-4463731

Issued To: McIntyre, Francy  
935 N Beneva Road, Unit 609-95  
Sarasota, FL 34232

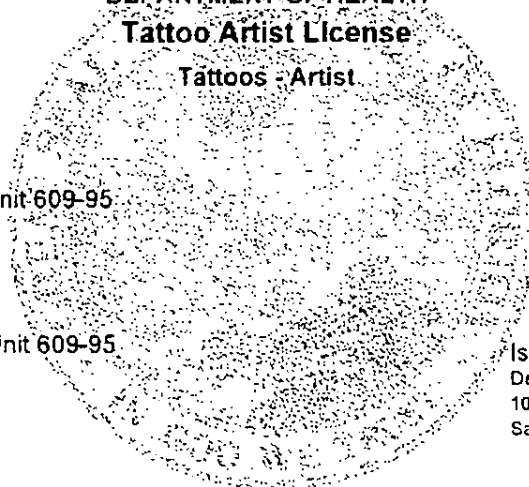
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Department of Health in Sarasota County  
1001 Sarasota Center Boulevard  
Sarasota, FL 34240

(941) 861-6133

Owner: McIntyre, Francy





STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
Tattoo Artist License

**58-44-2012169**

58-BID-4468471

Tattoo - Artist

Issued To: McIntyre, Carla  
935 N Beneva Road, Unit 609  
Sarasota, FL 34232

County: **Sarasota**  
Amount Paid: **\$60.00**  
Date Paid: **10/29/2019**  
Issued Date: **10/30/2019**

**Expires On: 10/29/2020**

Mail To: Carla McIntyre  
935 N Beneva Road, Unit 609  
Sarasota, FL 34232

Issued By:  
Department of Health in Sarasota County  
1001 Sarasota Center Boulevard  
Sarasota, FL 34240

(941) 861-6133

Owner: McIntyre, Carla



Original Customer McIntyre, Carla (NON-TRANSFERABLE)

DISPLAY CERTIFICATE IN A CONSPICUOUS PLACE



STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
Tattoo Artist License

**58-44-2012169**

58-BID-4468471

Tattoos - Artist

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Sarasota, FL 34240

(941) 861-6133

Owner: McIntyre, Carla

