

11/19/2020

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305)599-0839
Fax Number : (305)592-9591

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.**Endless Beauty Hair Salon LLC**

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|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 02 |
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - NAME:

The name of the Limited Liability Company is:

Endless Beauty Hair Salon LLC

(Must end with the words "Limited Liability Company" "LLC" or L.L.C")

ARTICLE 11 - Address:

The mailing address and street address of the principal office of the Limited Liability Company is

Principal Office Address:

**937 SE Bayfront Ave
Port St Lucie, FL 34983**

Mailing Address:

**8434 S US Hwy 1
Port St Lucie, FL 34952**

ARTICLE 111 - 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 FL registration.)

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

**Tiffany Schelin
937 SE Bayfront Ave
Port St Lucie, FL 34983**

Having been named as registered agent and to accept service of process for the above state limited liability company at the place designated in this certification, 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

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

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

Title:

Name and Address:


Managing Member

**Tiffany Schelin
937 SE Bayfront Ave
Port St Lucie, FL 34983**

ARTICLE V - Effective date, if other than the date of filing: November 18, 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.)

Required Signature:



Signature of a member or an authorized representative of a member

(In accordance with section 605.0203 Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Tiffany Schelin

typed or printed name of signee