

L21000030366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

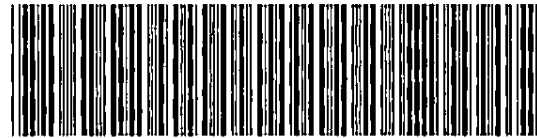
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

12/12/21

Office Use Only



300355249633

11/19/20--01015--019 \*\*160.00

2020 NOV 19 PM 12:52

W 20000136710

OK 2-7-21



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 3, 2020

ADAMANTIA ARGIANAS  
2201 EAST ATLANTIC BLVD  
POMPANO BEACH, FL 33062

SUBJECT: SASA BEAUTY LLC  
Ref. Number: W20000136710

We have received your document for SASA BEAUTY LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Derrick Thompson  
Regulatory Specialist II

Letter Number: 320A00024110

**COVER LETTER**

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

**SUBJECT:** SASA Beauty  
\_\_\_\_\_  
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:

Adamantia Argianas  
\_\_\_\_\_  
Name of Person

SASA Beauty  
\_\_\_\_\_  
Firm/Company

2201 East Atlantic Blvd  
\_\_\_\_\_  
Address

Pompano Beach FL 33062  
\_\_\_\_\_  
City/State and Zip Code

sasa.beautyllc@gmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

2020 NOV 13 PM 12:52

For further information concerning this matter, please call:

Shadet Santiago at (754) 246-2591  
\_\_\_\_\_  
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:

SASA Beauty 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:

4721 NE 17th Ave Pompano Beach FL 33064

Mailing Address:

2201 East Atlantic Blvd Pompano Beach 33062

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:

Adamantia Argianas

Name

2201 East Atlantic Blvd

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

Pompano Beach

FL

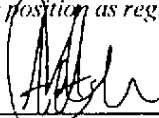
33062

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)

2020 MAY 19 PM 12:52

**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:**

"P" President

Adamantia Argianas  
724 Se 2nd St Pompano Beach FL 33060

"V" Vice President

Shadet Santiago  
4721 NE 17th Ave Pompano Beach FL 33064

(Use attachment if necessary)

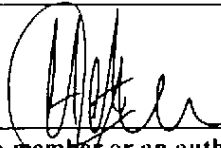
**ARTICLE V:** Effective date, if other than the date of filing: November 8 2020. (OPTIONAL.)

(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.

Adamantia Argianas

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)

2020 NOV 13 10:10:52