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(Requestor's Name)
(Address)
(Address)
, ,
(City/State/Zip/Phone #)
(City/State/21p/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Columbates of Clarities
Special Instructions to Filing Officer:





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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Yellow Rose alesthetics LLC.
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Erika J Mc (arthy Name of Person
Firm/Company
3241 Brantley Oaks DR
FORT Myers, Florida 33905 City/State and Zip Code - erikat McCaerny agmail. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Eacka McCarry at 301 742-4774 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status \$155.00 Filing Fee & Certificate of Status \$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability	y Company is:		
- Yello	ow Rose aest	netics LL	.C .
(Must conta	ain the words "Limited Liability C	ompany, "L.L.C.," or "LL	C.")
ARTICLE II - Address: The mailing address and street ad	dress of the principal office of the	Limited Liability Compar	ny is:
	al Office Address:	<u>Mailir</u>	ng Address:
3241 B	Tartley oars De 1905 FL 33905	3241 Gort N	Brantley Oals DR 19115 FL 33905
	nt, Registered Office, & Registe cannot serve as its own Registered ctive Florida registration.)		ate an individual or
The name and the Florida street a	iddress of the registered agent are:		
	ERIKA J Name	McCarry	
	3241 Brant	my oaks C) (
	Florida street address (P.O. Box	(NOT acceptable)	
	Furt Myers City State	FL 3390 Zip	<u>S</u>

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)

"AMBR" = Authorized Member "MGR" = Manager AMBR 3: AMBR 3: AMBR 4: AMBR 5: AMBR 6: AMBR 7: AMBR 7: AMBR 6: AMBR 7: AMBR 7: AMBR 7: AMBR 7: AMBR 8: AMBR 7: AMBR 8: AMB	1ka Milactry 41 Brantley vals De 1t Myers fl 33905 1cian McMillan 141 Brantley vals Dr 0et Myers fl 33905
	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date of filing:	more than five business days prior to or 90 days after
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
Suha n. mllas	ly
Signature of a member or an author This document is executed in accordance w I am aware that any false information submit constitutes a third degree felony as provided	h section 605.0203 (1) (b), Florida Statutes, ed in a document to the Department of State
ERLICA J MCC Typed or printed	2 other

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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)