

L21000109128

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000103041 3)))



H210001030413ABCM

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : NEW LIFE COMPANY, INC.
Account Number : I20150000122
Phone : (786)218-4201
Fax Number : (786)452-0986

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: opencorp@yahoo.com

FLORIDA LIMITED LIABILITY CO.
SUDITA BEAUTY STUDIO LLC

Table with 2 columns: Item and Value. Rows include Certificate of Status (1), Certified Copy (0), Page Count (01), and Estimated Charge (\$130.00).

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

21 MAR 16 AM 6:07

RECEIVED
CORPORATIONS
COMMERCIAL
SERVICES

2021 MAR 16 PM 4:21

RECEIVED

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

The name of the Limited Liability Company is:

SUDITA BEAUTY STUDIO LLC

ARTICLE II

The street address of the principal office of the limited liability company is:

7276 SW 117 AVE SUITE 25
MIAMI, FL 33183

The mailing address of the limited liability company is:

1555 W 44TH PL APT 210
HIALEAH, FL 33012

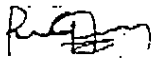
ARTICLE III

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

DIANA GONZALEZ
1555 W 44TH PL APT 210
HIALEAH, FL 33012

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 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.

REGISTERED AGENT SIGNATURE



DIANA GONZALEZ

ARTICLE IV

The name and address of person(s) authorized to manage LLC:

TITLE: MGR
DIANA GONZALEZ
1555 W 44TH PL APT 210
HIALEAH, FL 33012

ARTICLE V

The effective date for this Limited Liability Company shall be:

03/16/2021

Signature of member or an authorized representative



DIANA GONZALEZ

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.