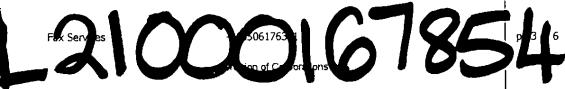
4/19/2021



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.

(((H21000156254 3)))



H210001562543ABC-

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 : ASLAN TAX SERVICES INC

Account Number : I20140000082 Phone : (305)644-9144 Fax Number : (786)477-5802

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. LORENA HERNANDEZ LH BEAUTY STUDIO LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$125.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

| TO: New Filing Section Division of Corporations |
|--|
| SUBJECT: LORENA HERNADEZ LH BEAUTY STUDIO LLC |
| 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: |
| IRMA SERNA |
| Name of Person |
| ASLAN TAX SERVICES INC |
| Firm/Company |
| 762 SW 18TH AVE |
| Address |
| MIAMI, FL 33135 |
| City/State and Zip Code |
| IRMA@ASLANTAXSERVICE.COM |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call |
| IRMA SERNAat (305)644-9144 |
| Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| □\$125.00 Filing Fee |

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 Tallaliassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| LORENA HERI | NANDEZ LH BEAUTY S | STUDIO LLC | | |
|--|---|---|---|--|
| (Must cont | ain the words "Limited | Liability Compo | iny, "L.L.C.," or "LLC.") | |
| RTICLE 11 - Address: | | | | |
| he mailing address and street a | ddress of the principal of | office of the Lim | ited Liability Company is: | |
| Princip | Principal Office Address: | | Malling Address: | |
| 8256 BRADFORD | O WAY | | 8256 BRADFORD WAY | |
| PARKLAND, FL 33076 | | | | |
| RTICLE III - Registered Ag | ent, Registered Office, y cannol serve as its own | n Registered Age | PARKLAND, FL 33076 Agent's Signature: mt. You must designate an individ | |
| ARTICLE III - Registered Ag | ent, Registered Office, y cannol serve as its own active Florida registrati | n Registered Age on.) | Agent's Signature: | |
| ARTICLE III - Registered Ag The Limited Liability Company mother business entity with an | ent, Registered Office, y cannol serve as its own active Florida registrati | n Registered Agr on.) ed agent are: :RNANDEZ | Agent's Signature: | |
| ARTICLE III - Registered Ag The Limited Liability Company mother business entity with an | ent, Registered Office, y cannot serve as its own active Florida registrati address of the registere | n Registered Agr on.) ed agent are: | Agent's Signature: | |
| ARTICLE III - Registered Ag The Limited Liability Company mother business entity with an | ent, Registered Office, y cannot serve as its own active Florida registrati address of the registere | n Registered Agr on.) ed agent are: ERNANDEZ Name | Agent's Signature: | |
| ARTICLE III - Registered Ag The Limited Liability Company mother business entity with an | ent, Registered Office, y cannot serve as its own active Florida registrati address of the registere | n Registered Agron.) d agent are: RNANDEZ Name | Agent's Signature: mt. You must designate an individ | |
| ARTICLE III - Registered Ag The Limited Liability Company mother business entity with an | ent, Registered Office, y cannot serve as its own active Florida registrati address of the registere YASMIN L. HE | n Registered Agron.) d agent are: RNANDEZ Name | Agent's Signature: mt. You must designate an individ | |

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)

| Title: | |
|--|---|
| "AMBR" = Authorized Member "MGR" = Manager | Name and Address: |
| AMBR | YASMIN L. HERNANDEZ |
| Single | 8256 BRADFORD WAY |
| | BRADFORD, FL 33076 |
| | |
| | |
| | |
| | |
| | |
| | |
| (Use attachment if necessary) EV: Effective date, if other than the date. | ste of filing (OPTIONAL) |
| E V: Effective date, if other than the date that is listed, the date must be of filing.) the date inserted in this block does not ment's effective date on the Department. | specific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will not |
| EV: Effective date, if other than the di ective date is listed, the date must be of filing.) the date inserted in this block does no | specific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will not |
| E V: Effective date, if other than the date that is listed, the date must be of filing.) the date inserted in this block does not ment's effective date on the Department. | specific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will not |
| E V: Effective date, if other than the diective date is listed, the date must be of filing.) the date inserted in this block does noment's effective date on the Departme E VI: Other provisions, if any. REQUIRED SIGNATURE: | specific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not not of State's records. |
| E V: Effective date, if other than the diective date is listed, the date must be of filing.) the date inserted in this block does no ment's effective date on the Department's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: X Signature of a This document is exe | specific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not not of State's records. |
| E V: Effective date, if other than the diective date is listed, the date must be of filing.) the date inserted in this block does no ment's effective date on the Department's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: X Signature of a This document is exe | specific and cannot be more than five business days prior to or 90 of the meet the applicable statutory filing requirements, this date will not not of State's records. The state is records. The state is records. The state is records. The state is record and authorized representative of a member, control in accordance with section 605.0203 (1) (b). Florida Statutes, the information submitted in a document to the Department of State arec felony as provided for in s.817.155, F.S. |