U21000249405

(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:
W21-31466

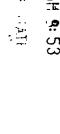
Office Use Only



200358810672

92/01/21--01923--007 **139.00

201 APR 27 AH 9: 53







FLORIDA DEPARTMENT OF STATE Division of Corporations

March 8, 2021

ALEXIA WATSON 370 JEFFERSON DRIVE UNIT 108 DEERFIELD BEACH, FL 33442

SUBJECT: VAVA BEAUTY LLC Ref. Number: W21000031466

We have received your document for VAVA BEAUTY LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

COMPLETE ADDRESS REQUIRED FOR NAME TWO AMBR.

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.

WILLIAM LAWRENCE Regulatory Specialist II

2021 APR 27 PM 12: 43

ې

Letter Number: 621A00004819

COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Vava Beauty	mited Liability Company	·····
nang of Li	nnied Liability Company	
The enclosed Articles of Organization and fee(s) a	re submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
Alexis Watson		25 AFR 27
	Name of Person	A 177 270
		27
	Firm/Company	
		ş 🙀
370 Jefferson Drive	e, uni + 108	
	Address	
Deerfield Beach Fl	2 33442	
	City/State and Zip Code	
Deerfield Beach Flow	nail.com	
E-mail address: (to be used	d for future annual report notificati	ion)
For further information concerning this matter, pleas	se call:	
Alacia Materia	001 601 100	
Alexis Watson at (Area Code Daytime Telephon	e Number
, and of terminary	ded code Daytime reteption	Civalizati
Enclosed is a check for the following amount:		
□\$125.00 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	Street Address	
New Filing Section	New Filing Section Di	
Division of Corporations P.O. Box 6327	The Centre of Tallaha 2415 N. Monroe Street	

Taffahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Va Va (Must c	beauty CCC contain the words "Limited Liability	y Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stree	et address of the principal office of	the Limited Liability Company is:	
<u>Prin</u>	cipal Office Address:	Mailing Address:	
370 Jeffer Uni+108 Deerfield		370 Jefferson Drive unit 108 Deer Field Brach FL 33 44	<u> </u>
(The Limited Liability Comp	Agent, Registered Office, & Regi any cannot serve as its own Registr	stered Agent's Signature: ered Agent. You must designate an individual or	2
(The Limited Liability Comp another business entity with	Agent, Registered Office, & Regi	ered Agent. You must designate an individual or	2 16 1 APR 2
(The Limited Liability Comp another business entity with	Agent, Registered Office, & Regi any cannot serve as its own Registra an active Florida registration.)	ered Agent. You must designate an individual or are:	27
(The Limited Liability Comp another business entity with	Agent, Registered Office, & Registration and active Florida registration.) ect address of the registered agent and the Alexis Watso	ered Agent. You must designate an individual or are:	

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..

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager "MGR"	Alexis Wolfon 370 Jefferson Drive unit I Decreied beach E4 3344		
"AMBR"	Aann Baptiste 370 Tefferson Dive unix 10 Derfield Beach FL, 3344	5 4.2	
"AMBR"	Charliene Walson 2301 pne free hail Allonia GA 30349		
"AMBR"	Tina Harvard 201 Ane tree Hail Atlanta GA 30249	27	n
(Use attachment if necessary)		53	-
If an effective date is listed, the date must be he date of filing.)	specific and cannot be more than five business of meet the applicable statutory filing requirement of State's records.	s days prior to or 90 days a	
ARTICLE VI: Other provisions, if any.			
This document is exe	member or an authorized representative of a cuted in accordance with section 605,0203 (1) (I lse information submitted in a document to the I	b), Florida Statutes.	
constitutes a third deg	ree felony as provided for in s.817.155, F.S.	•	

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)