From: Robert Evert

Division of Corporations **Electronic Filing Cover Sheet** 

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(((H210003629153)))



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To:

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From:

: BUSINESS FILINGS Account Name Account Number : 105256001620 Phone : (608)827-5300 : (608)827-5501 Fax Number

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

wenpingxiao1974@gmail.com Email Address:\_

## FLORIDA LIMITED LIABILITY CO.

Sisters Massage LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

FAX AUDIT # H21000362915 3

## ARTICLES OF ORGANIZATION OF Sisters Massage LLC

ARTICLE 1

NAME

The name of the limited liability company is: Sisters Massage LLC

ARTICLE II

ADDRESS

The principal place of business and mailing address of this Limited Liability Company shall be: 138 Higher Combe Drive, Davenport, Florida 33897.

## ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the registered agent are: Business Filings Incorporated, 1200 South Pine Island Road, Plantation, Florida 33324. Located in the County of Broward.

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. Thereby 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.

Signature: Date: September 27, 2021

Mark Williams, A.V.P. Business Filings Incorporated

## ARTICLE IV MANAGERS/MEMBERS

The management of the limited liability company is reserved for the members and the name and address of the member of the Limited Liability Company is:

Wenping Xiao, 138 Higher Combe Drive, Davenport, Florida 33897

FAX AUDIT # H21000362915 3

From: Robert Evert

H21000362915 3 FAX AUDIT #

ARTICLE V

DURATION

The duration for the limited liability company shall be: Perpetual.

Orr, Organizer

9/27/21\_

Authorized Representative

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 \$.817:155, P.S.)

FAX AUDIT # H21000362915 3