Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FASTKIT CORP

Account Number : I20100000009

Phone : (305)599-0839 Fax Number : (305)592-9591

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.

Caroline Beauty Clinic, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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Help

ARTICLES OF ORIGINATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME		
The name of the Limited Linbility Company is: Caroline I	Beauty Clinic, LLC	
	·	7¥. €3
		SECKET
ARTICLE II PRINCIPAL AND MAILING OFFICE ADDR	<u>ESS</u>	AHA DEC
The principal place of business/mailing address is:	11515 Navet Grange Way Tampa, FL 33626	I DEC 16
ARTICLE III Registered Agent, Registered Office & Register	ed Agent's Signature:	
The name and Florida Street address of the initial registered agent is:	Caroline Tubianu De Barros 11515 Navel Orange Way Tampa, FL 33626	H 9:52 FLORIDA
Having been paraed as registered agent and to accept service of process for the about the place designated in this certificate. I hereby accept the appointment as register capacity. I further agree to comply with the provisions of all statutes relating to the of my duties, and I am familiar with and accept the obligations of my position as re Chapter 605, F.S	ed agent and agree to act in this concernance	5th 2021
Signatur / Registered Agent		Date
ARTICLE IV Manager(s) The name, title and address of each person authorized to manage and c	ontrol the Limited Liability Comp	oany:
	Caroline Tubiana De Barros - M 11515 Navel Orange Way Tampa, FL 33626	
ARTICLE V EFFECTIVE DATE		
The effective date of this filing:	January 1, 2022	

Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statules, 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 is a document to the Department of State constitutes a third degree falony as provided for in s.817.155, F.S.)

Signature/incorporator/MGR

Printed name of Signee