

**L22000063872**

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.**

(((H22000061592 3)))



H220000615923ABC

**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@gmail.com

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

22 FEB 16 PM 1:33

FILED

**FLORIDA LIMITED LIABILITY CO.  
MUSTACHE STUDIO LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

S. CHATHAM

FEB 17 2022

**FILED**

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

22 FEB 16 PM 1:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I**

The name of the corporation shall be:

MUSTACHE STUDIO LLC

**ARTICLE II**

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

250 180<sup>th</sup> DR APT 208  
SUNNY ISLES BEACH, FL 33160

The mailing address of the limited liability company is:

250 180<sup>th</sup> DR APT 208  
SUNNY ISLES BEACH, FL 33160

**ARTICLE III**

Initial registered agent and street address:

JOHAN, A, ALZATE TORRES  
(Name) (Mn) (Last Name)  
250 180<sup>th</sup> DR APT 208  
SUNNY ISLES BEACH, FL 33160

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



JOHAN, A, ALZATE TORRES  
(Name) (Mn) (Last Name)

#### ARTICLE IV

The initial Board of Directors shall consist of a total of 2 persons and the name and address of each person authorized to manage and control the Limited Liability Company.

JOHAN, A, ALZATE TORRES  
(Name) (Mn) (Last Name)  
250 180<sup>th</sup> DR APT 208  
SUNNY ISLES BEACH, FL 33160

TITLE: AMBR

ANGYLLY, M, LOPEZ PUENTES  
(Name) (Mn) (Last Name)  
250 180<sup>th</sup> DR APT 208  
SUNNY ISLES BEACH, FL 33160

TITLE: AMBR

22 FEB 16 PM 1:33  
SECRETARY OF STATE  
TALEAHASSEE, FL 32310

FILED

#### ARTICLE V

##### Admission of Additional Member

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admission shall be as determined in accordance with the Regulations of the Limited Liability Company.

#### ARTICLE VI

##### Member's Rights to Continue Business:

The right, if given of the remaining members of the Limited Liability Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company shall be as determinate in accordance with the Regulations of the Regulations of the Limited Liability Company.

#### ARTICLE VII

The effective date for this Limited Liability Company shall be:

02/15/2022

**ARTICLE VIII**


The operation distribution income of each member as follows and will have no value if not signed by all. Additional contributions will be made as requires for investment purposes, as determined by unanimous consent of the members. Members will make contributions in equal share.

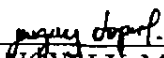
JOHAN, A, ALZATE TORRES                      50%  
(Name) (Mn) (Last Name)  
250 180<sup>th</sup> DR APT 208  
SUNNY ISLES BEACH, FL 33160

ANGYLLY, M, LOPEZ PUENTES                      50%  
(Name) (Mn) (Last Name)  
250 180<sup>th</sup> DR APT 208  
SUNNY ISLES BEACH, FL 33160

The undersigned, being the original members of the limited liability company, certify that this instrument constitutes the proposed Articles of organization of the above state Limited Liability Company.

SIGNED THIS February 15, 2022

  
\_\_\_\_\_  
JOHAN, A, ALZATE TORRES  
(Name) (Mn) (Last Name)

  
\_\_\_\_\_  
ANGYLLY, M, LOPEZ PUENTES  
(Name) (Mn) (Last Name)

**FILED**  
22 FEB 16 PM 1:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA