

2/22/22, 4:54

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Division of Corporations  
Florida Department of State  
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**To:**

Division of Corporations  
Fax Number : (850)617-6381

**From:**

Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516)935-3940  
Fax Number : (516)935-3088

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FLORIDA DIVISION OF CORPORATIONS  
FLORIDA AGENT FOR SERVICE OF PROCESS

**FLORIDA LIMITED LIABILITY CO.  
HOLISTIC PEDICURES LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**HOLISTIC PEDICURES LLC**

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**2921 SE 13TH RD UNIT 101  
HOMESTEAD, FL 33035**Mailing Address:**2921 SE 13TH RD UNIT 101  
HOMESTEAD, FL 33035**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

TASHUNYA CRAWFORD

Name

2921 SE 13TH RD UNIT 101Florida street address (P.O. Box NOT acceptable)HOMESTEADFL 33035

City

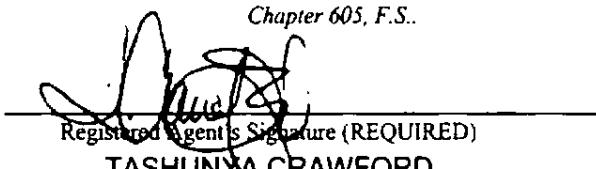
Zip

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FLORIDA  
REGISTERED AGENT  
STATE OF  
FLORIDA

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*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)

TASHUNYA CRAWFORD

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member  
"MGR" = Manager  
AMBR

**Name and Address:**

TASHUNYA CRAWFORD

2921 SE 13TH RD UNIT 101  
HOMESTEAD, FL 33035

2022 FEB 23 PM10:08  
TALLAHASSEE, FLORIDA

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 2/22/2022 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0205 (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 s.817.155, F.S.)

TASHUNYA CRAWFORD

Typed or printed name of signee