

L22000124062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

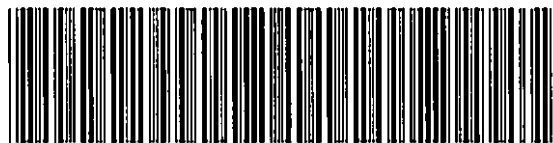
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900384436609

FILED

2022 MAR 25 PM 2:45




SECRET
COMMUNIST, FL

2022 MAR 25 AM 8:32

FILED

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: J20210000160 AMOUNT: \$130.00

AUTHORIZATION SIGNATURE: 

Mirage Nail & Spa Design, LLC

(Business Name) Document

☐ Walk in

☐ Pick up time ☐

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certified Copy of Articles of Incorporation

☒ Certificate of Status

NEW FILINGS

☐ Profit

☐ Not for Profit

☒ Limited Liability

☐ Domestication

☐ Other

☐ CORP

AMENDMENTS

☐ Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

☐ Conversion

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

☐ APOSTIL () ☐
Country

REGISTRATION/QUALIFICATIONS

☐ Foreign filing

☐ Limited Partnership

☐ Reinstatement

☐ Other

EXAMINER'S INITIALS: ☐

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Mirage Nail & Spa Design, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Neelomie Cooper

Name of Person

Firm/Company

4404 Oak River Circle Valrico

Address

Valrico, FL 33596

City/State and Zip Code

neelomie@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Neelomie Cooper

Name of Person

at 301

Area Code

467-4669

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mirage Nail & Spa Design, LLC

(Must contain 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:

10312 Bloomingdale Ave #114

Riverview, FL 33578

Mailing Address:

4404 Oak River Circle

Valrico, FL 33596

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:

Neelomie Cooper

Name

4404 Oak River Circle

Florida street address (P.O. Box **NOT** acceptable)

Valrico

FL

33596

City

State

Zip

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..

Neelomie Cooper

dotloop verified
03/24/22 7:43 PM EDT
3BJJ-4YTL-RUJZ-000D

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Neelomie Cooper
4404 Oak River Circle
Valrico, FL 33596

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Neelomie Cooper

dotloop verified
03/24/22 7:43 PM
EST
E22B-E90A-13AG-BVSI

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Neelomie Cooper

Typed or printed name of signee

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)