

**L22000184434**  
 Florida Department of State  
 Division of Corporations  
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To:

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

From:

Account Name : ARIMIR SERVICES GROUP LLC  
 Account Number : I20200000022  
 Phone : (305)298-6579  
 Fax Number : (305)643-5225

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

Email Address: ivelysbreton@yahoo.com

**FLORIDA LIMITED LIABILITY CO.  
 TEAM BEAUTY LLC**

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

RECEIVED

2022 MAY -4 AM 10:19

FLORIDA DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 ARIMIR SERVICES

FILED  
 MAY 4 2022  
 TALLAHASSEE, FL

2022 MAY -4 AM 10:32

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

TEAM BEAUTY 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:8707 NW 149 TER  
MIAMI LAKES, FL 33018Mailing Address:8707 NW 149 TER  
MIAMI LAKES, F 33018

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

IVELYS HERNANDEZ-POMBO

Name

8707 NW 149 TERFlorida street address (P.O. Box **NOT** acceptable)

<u>MIAMI</u>	<u>Lakes</u>	<u>FL</u>	<u>33018</u>
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.

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

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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

**Name and Address:**

AMBR

IVELYS HERNANDEZ-POMBO

8707 NW 149 TER

MIAMI LAKES, FL 33018

AMBR

MARIA Y GOMEZ

16957 SW 92 ST

MIAMI, FL 33196

(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:**

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.

IVELYS HERNANDEZ-POMBO

Typed or printed name of signee

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