

L22000280790

6/21/22, 3:50 PM

Division of Corporations

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.

(((H22000214569 3)))



H220002145693ABC*

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 : CORPOLICENSE, INC
Account Number : I20050000118
Phone : (305)774-9606
Fax Number : (305)774-9660

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

Email Address: Arecels1992@gmail.com

RECEIVED

2022 JUN 21 PM 5:25

REGISTRATION
COMMERCIAL
DIVISION

FLORIDA LIMITED LIABILITY CO.
LOLITA'S BEAUTY SALON, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

22 JUN 21 PM 12:35

FILED

62

H22000 214569

ARECELIS C. ULLOA
(305) 572.5156

June 21, 2022

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
Tallahassee, Florida

Fax 850-617-6381

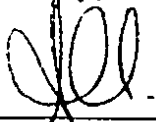
Dear Sr.,

You have on your records a corporation named **LOLITA'S BEAUTY SALON CORP** that belongs to me, and have the same association, but is **INACTIVE**.

I do not have intention to reactivate it. Please release the name, in order to register again by me.

Thanks in advance, and feel free to contact me if you have questions.

Respectfully,



Arecelis C. Ulloa
Manager

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

22 JUN 21 PM 12:35

FILED

H22000 214569

H22000 214569

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY
OF
LOLITA'S BEAUTY SALON, LLC**

ARTICLE I - NAME:

The name of the Limited Liability Company Is:

LOLITA'S BEAUTY SALON, LLC

ARTICLE II - ADDRESS:

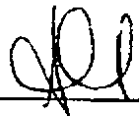
The mailing and principal address of the Limited Liability Company is:

**PRINCIPAL ADDRESS: 9630 FONTAINEBLEAU BLVD
MIAMI, FL 33172**

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The Registered Agent designated is: **ARECELIS C. ULLOA**

**ARECELIS C. ULLOA
9630 Fontainebleau Blvd
Miami, FL 33172**



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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

22 JUN 21 PM 12:35

FILED

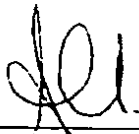
H22000 214569

H22000214569

ARTICLE IV - Management/Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>TITLE:</u>	<u>NAME AND ADDRESS</u>
MGR	ARECELIS C. ULLOA 9630 Fontainebleau Blvd Miami, FL 33172



Arcelis C. Ulloa
Manager

FILED
22 JUN 21 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(In accordance with section 605.0201, Florida Statutes,
The execution of this document constitutes an affirmation under
The penalties of perjury that the facts stated herein are true)

H22000214569