

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.

(((H22000218568 3)))



H220002185683ABC1

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

3052201440

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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

Email Address:	
EMPILL MANIFESS:	 

## FLORIDA LIMITED LIABILITY CO. BON BON BEAUTY BAR LLC

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

Electronic Filing Menu

Corporate Filing Menu

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## **ARTICLE I - Name:**

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company. "L.L.C.," or "LLC.")

BON BON BEAUTY BAR LLC

**ARTICLE II - Address:** 

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

1585 W. OKEECHOBEE RD

HIALEAH, FL 33010

ARTICLE III - Registered Agent, Registered Office:

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

TRICIA FERNANDEZ-LOWENTRAUT

1585 W. OKEECHOBEE RD

HIALEAH, FL 33010

ARTICLE IV-

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

TRICIA FERNANDEZ-LOWENTRAUT

**AMBR** 

SAYLI GRUMA RODRIGUEZ

**AMBR** 

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

In accordance with section 605,0203 (1) (b), Fibrida 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 a 817,155, F.S.

TRICIA FERNANDEZ-LOWENTRAUT

3052201440

Typed or printed name of signee

Maying been named as registered agent and to accept service of process for the above stated. Ilmited liability company at the place designated in this orbificate, I hereby accept the appointment as registered agent and agree to not in this orange try. 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 the Coapter 60s. If S.

Registered Agent's Signature (REQUIRED)

Page 2 of 2