

L20000288659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

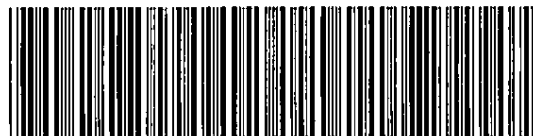
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600389632646

06/10/22--01009--001 \*\*600.00

RECEIVED

2022 JUN 24 PM 2:56  
TALLAHASSEE, FL

FILED

2022 JUN 24 AM 8:11  
TALLAHASSEE, FL

Mm

FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED ARTICLES FOR:

1. ULTRASHAPE METHODS LLC

PLEASE RETURN A STAMPED COPY & A CERTIFICATE OF GOOD STANDING

\*\*\*\* SEE ATTACHED FOR PAYMENT \*\*\*\* \$130.00

THANK YOU!

**COVER LETTER**

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

**SUBJECT:** ULTRASHAPE METHOD 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:

JAIME REYES

Name of Person

CBA Miami LLC

Firm/Company

1600 Ponce de Leon Blvd Ste 901

Address

Coral Gables

City/State and Zip Code

clara.monteagudo@cbamiamius.com

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

For further information concerning this matter, please call:

CLARA MONTEAGUDO      786      303-1578  
at ( )  
Name of Person      Area Code      Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2022 JUN 24 AM 8:11

ULLTRASHAPE METHOD LLC

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

SECRETARY OF STATE  
TALLAHASSEE, FL

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

941 4th STREET

2nd FLOOR

MIAMI BEACH, FL 33139

1600 PONCE DE LEON BLVD

STE 901

CORAL GABLES, FL 33134

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:

GREICE RIBEIRO

Name

941 4th Street, 2nd Floor

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

Miami Beach

FL

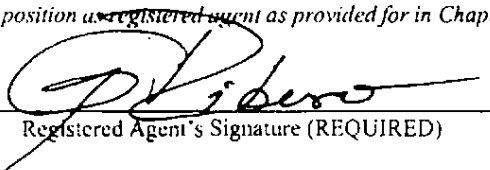
33139

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)

(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

**Name and Address:**

MGR

GREICE RIBEIRO  
941 4Th STREET 2nd FLOOR  
MIAMI BEACH FL 33139

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

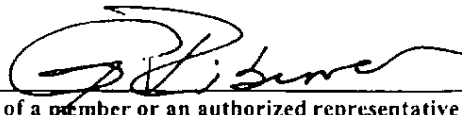
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

LYMPHATIC DRAINAGE, BODY REMODELING, POSTOPERATIVE CARE, MASSAGES & FACIALS SPA

**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.

GREICE Ribeiro

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)

SECTION 605.0203(1)(b)  
TALLAHASSEE, FL

2022 JUN 24 AM 8:11

FILED