

L22000288690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

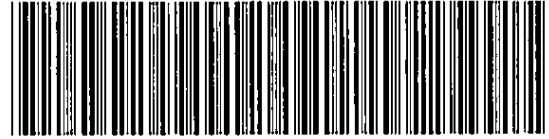
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 JUN 24 PM 2:56 2022 JUN 24 AM 8:18
TALLAHASSEE, FLORIDA
TALLAHASSEE, FL

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FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED ARTICLES FOR:

1. ULTRASHAPE SUPPLY 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 SUPPLY 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@chamiamius.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:

☐ \$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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2022 JUN 24 AM 8:18

ARTICLE I - Name:

The name of the Limited Liability Company is:

ULI TRASHAPE SUPPLY 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:

941 4th STREET

2nd FLOOR

MIAMI BEACH, FL 33139

Mailing Address:

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:

Marina Trevisano

Name

941 4th Street, 2nd Floor

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

Miami Beach

FL

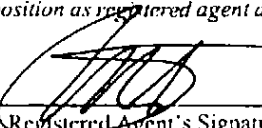
33139

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

MGR

MARINA TREVISANO
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)

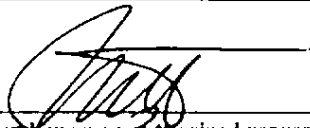
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

MARINA TREVISANO

Typed or printed name of signer

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)

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2022 JUN 24 AM 8:18
CLERK OF CIRCUIT COURT
DADE COUNTY, FL