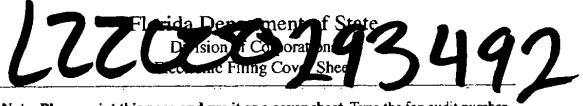
Division of Corporations

6/29/22, 9:58 PM



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.

(((H22000224687 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : XOTCHILTH VALDIVIA

Account Number : I20220000026 Phone : (305)332-1478 Pax Number : (305)456-4563

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

AAWLPS @ yahoo.com Email Address:

FLORIDA LIMITED LIABILITY CO. CHINEA BODY SHOP, LLC.

H 9: 30		Certificate of Status	0
	2 29.	Certified Copy	0
	ASSE ASSE	Page Count	01
		Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

Jun 29 22'09:02p * Xotchilth Valdivia 3054564563 p.2

COVER LETTER

TO:	New Filing Sect Division of Cor						
		СНП	NEA BODY S	HOP, LLC.			
SUBJEC	CT:						
		Name of	Limited Liab	ility Company			
The enci	losed Articles of (Organization and fee(s) are submitte	ed for filing.			
Please re	eturn all correspo	ndence concerning thi	s matter to the	following:			
		ROL	ANDO HERI	NANDEZ CHINEA			
			Name o	of Person			
			CHINEA BO	DY SHOP, LLC.			
		.	Firm/C	Сотрапу			
			6144 NV	V 183RD LN			
			Add	iress			
			HIALE	AH, FL 33015			
				and Zip Code @YAHOO.COM			
	.,						
	E	i-mail address: (to be	used for future	annual report notificat	ion)		
For furthe	er information cor	cerning this matter, p	lease call:			202	
	ROLANDO HER	NANDEZ CHINEA	786	403-1483		2022 JUN 30	
	·		t (_)		- · · · · · · · ·	,, ,,,
	Name	e of Person	Area Code	Daytime Telephor	ne Number		3
Enclose	d is a check for th	ne following amount:				음성 말 등일 4	
≣\$125	.00 Filing Fee	☐\$130.00 Filing Fe Certificate of Statu	s Certi	55.00 Filing Fee & fied Copy and copy is enclosed)	□\$160.00 F Certificate o Certified Co (additional cop	iling Fee, f Status & @ py	***
	he a stim	- A dilana		Street Address			

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	ROLANDO HERNANDEZ CHINEA
AMDA	6144 NW 183RD LN
	HIALEAH, FL33015
(Use attachment if necessary)	·
LE V: Effective date, if other than the fective date is listed, the date must b of filing.)	date of filing: 0630/2022 (OPTIONAL) e specific and cannot be more than five business days prior to or 9 not meet the applicable staintory filing requirements, this date will not ment of State's records.
LE V: Effective date, if other than the fective date is listed, the date must b of filing.) If the date inserted in this block does a ment's effective date on the Department's effective date on the Department's Cherprovisions, if any. REQUIRED SIGNATURE:	not meet the applicable statutory filing requirements, this date will not ment of State's records. a member or an authorized representative of a member.
LE V: Effective date, if other than the fective date is listed, the date must be of filing.) If the date inserted in this block does a ment's effective date on the Department's effective date on the Department CE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is exampled to the second of the	not meet the applicable statutory filing requirements, this date will not ment of State's records.
LE V: Effective date, if other than the fective date is listed, the date must be of filing.) If the date inserted in this block does a ment's effective date on the Department's effective date on the Department's CE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is example of a may aware that any	not meet the applicable statutory filing requirements, this date will not ment of State's records. a member or an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida Statutes false information submitted in a document to the Department of State.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability	Company is:		
The name of the Limited Liability	Company is.		
	CHINEA BODY SHOP.		
(Must contact	in the words "Limited	Liability Company, "I	.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address	dress of the principal o	ffice of the Limited L	iability Company is:
<u>Principa</u>	l Office Address:	dress: Mailing Address:	
6144 NW 183RD LN		6144 N	W 183RD LN
HIALFAH, FL 33015		HIALE	AH, FL 33015
) HERNANDFZ CHIN Name IW 183RD LN	EA
	Florida street addres	s (P.O. Box <u>NOT</u> ac	ceptable)
	HIALEAH	FLORIDA	33015
	City	State	Zîp
place designated in this certificate, further agree to comply with the pro	I hereby accept the app ovisions of all statutes r ligations of my position	pointment as registered relating to the proper d	above stated limited liability company at the dagent and agree to act in this capacity. I and complete performance of my duties, and a provided for in Chapter 605, F.S.

(CONTINUED)

2022 JUN 30 PM 3: 08