Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

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

Email Address:

FLORIDA LIMITED LIABILITY CO. IYOM BEAUTY STUDIO LLC

Certificate of Status Certified Copy 1 Page Count 03 Estimated Charge \$155.00

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLE I - Name:

The name of the Limited Liability Company is:

IYOM BEAUTY STUDIO LLC

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

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
7616 W COURTNEY CAMPBELL 643	
TAMPA, FL 33607	SAME
	· · · · · · · · · · · · · · · · · · ·

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:

INDIRA YAMILEX OCASIO MONTES	
Name	

7616 W COURTNEY CAMPBELL 643

Florida street address (P.O. Box <u>NOT</u> acceptable)

TAMPA FL 33607

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..

/s/ Andira Gamiler Ocasio Montas
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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FILED

From: Yanet Av

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	NIDINA WANKER OO ARRANGER
AMBR	INDIRA YAMILEX OCASIO MONTES 7616 W COURTNEY CAMPBELL 643
	TAMPA, FL 33607
	
	
(Use attachment if necessary)	
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INDIRA YAMILEX OCASIO MONTES
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)