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L220000336983

(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



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06/13/22--01030--015 **125.00

2022 JUN -1 AM 5:00

W22 000087008

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

2022 AUG -1 PM 12:17

REGISTRATION
COMMERCIAL
SERVICES

June 28, 2022

TASHAE DENNIS
BEYOND HER BEAUTY LLC
5350 GRAND CYPRESS CIRCLE
NAPLES, FL 34109 US

SUBJECT: BEYOND HER BEAUTY LLC
Ref. Number: W22000087008

We have received your document for BEYOND HER BEAUTY LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Dil Sultana
Regulatory Specialist II

Letter Number: 722A00014600.

2022 AUG -1 AM 5:00

COVER LETTER

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

SUBJECT: Beyond Her Beauty 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:

Tashae Dennis

Name of Person

Beyond Her Beauty LLC

Firm/Company

5350 Grand Cypress Circle

Address

Naples FL 34109

City/State and Zip Code

beyondherbeauty@gmail.com

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

For further information concerning this matter, please call:

Tashae Dennis

239

6015324

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

2022 AUG 11 AM 5:00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Beyond Her Beauty 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:

5350 Grand Cypress Circle

Naples FL 34109

Mailing Address:

5350 Grand Cypress Circle

Naples FL 34109

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:

N/A Tashae Dennis
Name

5350 Grand cypress Cir Apt 203
Florida street address (P.O. Box ~~NOT~~ acceptable)

Naples FL 34109
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.

T. Dennis
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

MGR

Name and Address:

Tashae Dennis

5350 Grand Cypress Circle

Naples FL 34109

AMBR

Tashei Dennis

5350 Grand Cypress Circle

naples FL 34109

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 06/01/2022 (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.

REQUIRED SIGNATURE:

T. Dennis

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.

Tashae Dennis

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)

2022 AUG 11 5:00