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(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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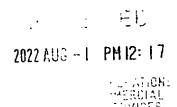
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June 28, 2022

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 <u>i</u> (850) 245-6052.

Dil Sultana Regulatory Specialist II

Letter Number: 722A00014600

www.sunbiz.org

COVER LETTER

	w Filing Sec vision of Cor						
SUBJECT		r Beauty LLC					
3000000	·	Nam	e of Limited Li	ability Company		_	
The enclose	ed Articles of	Organization and f	ee(s) are submi	itted for filing.			
Please retur	n all correspe	ndence concerning	this matter to	the following:			
	Tashae Denn	is					
			Nam	e of Person			
	Beyond Her	Beauty LLC					
	Firm/Company						
	5350 Grand (Cypress Circle					
				Address	· · · · ·		
	Naples FL, 3	4109					2022
City/State and Zip Code beyondherbeauty@gmail.com							2022 10.00
<u>-</u>		- i- 	be used for fun	ure annual report notificat	tion)	•	<u>i</u> _
For further in	dormation co	ncerning this matte	r, please call:			-	<u>≩</u>
	Tashae Denni	s	239 at (6015324			5: 00
-	Nam	e of Person	Area Coc		ne Number	_	
Enclosed is	a check for the	ie following amoui	ıt:				
■\$125.00 Filing Fee ☐\$130.00 Filing Fee Certificate of Status		g Fee & 🖂	Certified Copy Certificat (additional copy is enclosed) Certified			0 Filing Fee, te of Status & Copy copy is enclosed)	
	New F Division P.O. B	g Address ding Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	assee eet, Suite 810		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:	
Bevond Her Beauty LLC	
(Must contain the words "Limited Liabi	lity 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:
5350 Grand Cypress Circle	5350 Grand Cypress Circle
Naples FL, 34109	Naples FL, 34109
The name and the Florida street address of the registered ager N/A Tashae	Dennis
N/A Tashae Na	, A.J. O.B.
Florida street address (P.	O. Box KOT acceptable)
Naples.	4 34109 :. ·
' City	State Zip
laving been named as registered agent and to accept service of clace designated in this certificate, I hereby accept the appointn further agree to comply with the provisions of all statutes relatin im familiar with and accept the obligations of my position as re	nent as registered agent and agree to act in this capacity. I S ig to the proper and complete performance of my duties, and
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 Meml "MGR" = Manager	Name and Address: ber	
	MGR	Tashae Dennis 5350 Grand Cypress Circle Naples Fl. 34109	- -
	AMBR	Tasher Dennis 5350 Grand Gipress circle	- - -
			• •
	(Use attachment if necessary)		5075 VTIC
If an ef the date <u>Note:</u> I	fective date is listed, the date in of filing.)	nan the date of filing: 06/01/2022 (OPTIONAL) must be specific and cannot be more than five business days prior to or 90 c does not meet the applicable statutory filing requirements, this date will not be partment of State's records.	days after
ARTIC	LE VI: Other provisions, if any.		00
	REQUIRED SIGNATURE:	200	
	This docume I am aware th	ry n.5 ure of a member or an authorized representative of a member. nt is executed in accordance with section 605.0203 (1) (b), Florida Statutes, nat any false information submitted in a document to the Department of State third degree felony as provided for in s.817.155, F.S.	
	Tashac	e Dennis Typed or printed name of signee	
		c then or branen mann or manne	

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)