

9/29/22 8:44 AM
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 Division of Corporations

Florida Department of State
 Division of Corporations
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To:

Division of Corporations
 Fax Number : (850)617-6381

From:

Account Name : HUBCO
 Account Number : 104662003400
 Phone : (516)935-3940
 Fax Number : (516)935-3088

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

Email Address: NAILSBYGOODIE@GMAIL.COM

FLORIDA LIMITED LIABILITY CO.

Allure Luxury Beauty Supplies LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

2022 SEP 29 AM 9:34

FILED

22 SEP 29 PM 12:35
 FILED
 TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Allure Luxury Beauty Supplies LLC

(Must end with 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:3521 NW 35th Street
Lauderdale Lakes, FL 33309**Mailing Address:**3521 NW 35th Street
Lauderdale Lakes, FL 33309**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:

Daina Barrett

Name

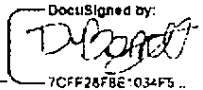
3521 NW 35th StreetFlorida street address (P.O. Box **NOT** acceptable)Lauderdale Lakes FL 33309

City

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..

DocuSigned by:



7CFF28FBE1034F5

Registered Agent's Signature (REQUIRED)

Daina Barrett

(CONTINUED)

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22 SEP 29 PM 12:35
FALL LAKES, FL 33309
ALLURE LUXURY BEAUTY SUPPLIES LLC

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:

Daina Barrett

3521 NW 35th Street

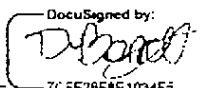
Lauderdale Lakes, FL 33309

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:DocuSigned by:

7CFF26F8E1034F5...**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Daina Barrett

Typed or printed name of signee

22 SEP 29 PM 12:35
STATE OF FLORIDA
TALLAHASSEE