

622000431421

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H22000326842 3)))



H220003268423ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : THE TAX GROUP INC
Account Number : 120180000051
Phone : (305)223-4648
Fax Number : (786)361-1360

****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.
HIPNOSIS CLINIC MIAMI CONSULTING SOLUTIONS LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

2022 OCT -6 PM 3:23

22 OCT -6 PM 12:35
FILED
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

10/6



October 6, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

THE TAX GROUP INC

SUBJECT: HIPNOSIS CLINIC MIAMI CONSULTING SOLUTIONS LLC
REF: W22000126705

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

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.

Genesis R Kersey
OPS Clerk

FAX Aud. #: H22000326842
Letter Number: 322A00022324

22 OCT -6 PM 12:35
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

H/22 000 326 842 3

ATX1

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: HIPNOSIS CLINIC MIAMI CONSULTING SOLUTIONS 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:

TERESITA PRIETO
Name of Person

HIPNOSIS CLINIC MIAMI CONSULTING SOLUTIONS LLC
Firm/Company

20725 NW 9TH CT, APT 106
Address

Miami, FL 33169
City/State and Zip Code

mitaxgroup@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TERESITA PRIETO at (786) 339 0740
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

22 OCT - 6 PM 12:35
FILED
TALLAHASSEE, FL
DIVISION OF CORPORATIONS

H/220003268423

H22000326842 1

HIPNOSIS CLINIC MIAMI CONSULTING SOLUTIONS LLC
ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ATX1

ARTICLE I - Name:

The name of the Limited Liability Company is:

HIPNOSIS CLINIC MIAMI CONSULTING SOLUTIONS LLC

(Must contain the words "Limited Liability," "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:

HIPNOSIS CLINIC MIAMI CONSULTING SOLUT
20725 NW 9TH CT, APT 106
Miami, FL 33169

HIPNOSIS CLINIC MIAMI CONSULTING SOLU
20725 NW 9TH CT, APT 106
Miami, FL 33169

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:

TERESITA PRIETO

Name

20725 NW 9TH CT, APT 106

Florida street address (P.O. Box NOT acceptable)

MIAMI

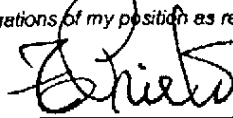
FL 33169

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

22 OCT -6 PM 12:35
F 11 OCT
CLERK OF COURT
CLERK OF COURT
CLERK OF COURT

H220003268423

H/ 22000326842 3

HIPNOSIS CLINIC MIAMI CONSULTING SOLUTIONS LLC

ATX1

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:

TERESITA PRIETO

20725 NW 9TH CT, APT 106

MIAMI, FL 33169

(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.)

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:



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.

TERESITA PRIETO

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)

FILED
22 OCT -6 PM 12:35
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

H/22000326842 3