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(Red	questor's Name)	
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- (City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Na	me)
(Document Number)		
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		

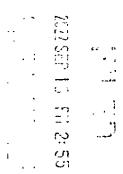
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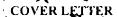
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**D** CUSHING



PO: New Filing Section
Division of Corporations

SUBJECT: SophiathichoHolistic Hoin Spalle
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:

Paghida Bien Aine Name of Person	<del></del>
Raylida Bren Dine Firm/Company	
14695 NE 18 th Ale 3-3F	
North WiomiFL 33181	
City/State and Zip Code Phaellove 050 yahoo. Fr	. 285.7
E-mail address: (to be used for future annual report notification)	·

For further information concerning this matter, please call:

Solvia at (957) 665-0550 :

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)

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## **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

RECENTED



May 13, 2022

PROPHIDA BIEN-AIME 14695 NE 18TH AVE 3-3F NORTH MIAMI, FL 33023

SUBJECT: SOPHIATRICHOHOLISTIC HAIR SPA LLC

Ref. Number: W21000159460

We have received your document for SOPHIATRICHOHOLISTIC HAIR SPA LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

To file as a new Florida Limited Liability Company you must complete the attached Articles of Organization.

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) 245-6050.

Letter Number: 322A00011039

Diane Cushing Senior Section Administrator

www.sunbiz.org

. . .



July 9, 2022

PROPHIDA BIEN-AIME
14695 NE 18TH AVE 3-3F DO BOK 4067
NORTH MIAMI, FL 33023 Holeywood fl 33083

SUBJECT: SOPHIATRICHOHOLISTIC HAIR SPALLC

Ref. Number: W21000159460

We have received your document for SOPHIATRICHOHOLISTIC HAIR SPA LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

The registered agent must sign accepting the designation.

Please complete the form in its entirety. A Bank will require you to have a Manager or Authorized Member listed on our records to do business with them.

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) 245-6050.

Diane Cushing Senior Section Administrator

527 122.72

Letter Number: 322A00015323

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

### ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
Comprove fives Fl 33024	20 Box 4067. =
ARTICLE III - Registered Agent, Registered Office, & Regi	stered Agent's Signature:
(The Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	ered Agent. You must designate an individual or :
The course and district the control of the control of	7

The name and the Florida street address of the registered agent are:

Principal Office Address:

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..

ARTICLE IV- The name and address of each person authorized to	manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member	Name and Address:
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Prophida Bicutic PC	Sod 4067
# A	ly wood PL 33083
(Use attachment if necessary)	
he date of filing.)	cannot be mode than five business days prior to or 90 days after plicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
This document is executed in acco I am aware that any false informati constitutes a third/degree felony as	n authorized representative of a member. rdance with section 605.0203 (1) (b), Florida Statutes, on submitted in a document to the Department of State provided for in s.817.155, F.S.