

# L22000436827

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(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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2022 SEP 13 PM 2:55  
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OCT 12 2022

D CUSHING

COVER LETTER

PO: New Filing Section  
Division of Corporations

SUBJECT: Sophiatricho Holistic Hair spa 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:

Raphide Brien Aime  
Name of Person

Raphide Brien Aime  
Firm/Company

14695 NE 18th Ave 3-3F  
Address

North Miami FL 33181  
City/State and Zip Code

Phae1love05@yahoo.fr  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sophia at (954) 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)

**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



RECEIVED

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2022 JUN 20 AM 10:51

SECRET  
TALLA

May 13, 2022

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

SUBJECT: SOPHIATRICHOLISTIC HAIR SPA LLC  
Ref. Number: W21000159460

We have received your document for SOPHIATRICHOLISTIC 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.

Diane Cushing  
Senior Section Administrator

Letter Number: 322A00011039



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 9, 2022

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

*DO Book 4067  
Hollywood fl 33083*

SUBJECT: SOPHIATRICHOLISTIC HAIR SPA LLC  
Ref. Number: W21000159460

We have received your document for SOPHIATRICHOLISTIC 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

Letter Number: 322A00015323

*SEP 14 2022*

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sophiatricho Holistic Hair Spa 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:

674 N University Drive  
Pembroke Pines FL 33024  
Suite #8

Mailing Address:

P.O. Box 4067  
Hollywood FL 33083

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:

Sophia Brien Aime  
Name

674 N University Drive #8  
Florida street address (P.O. Box **NOT** acceptable)

Pembroke Pines FL 33024  
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.

Sophia Brien Aime  
Registered Agent's Signature (REQUIRED)

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

Prophide Bien Aine

PO Box 4067

Holly Wood FL 33083

Prophide Bien Aine

PO Box 4067

Holly Wood FL 33083

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 09/01/2022 (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:**

Prophide Bien Aine

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.

Prophide Bien Aine

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent