

**C22000507622**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : FLORIDA ACCOUNTING & BUSINESS CONSULTING LLC  
Account Number : I20200000185  
Phone : (754)200-4294  
Fax Number : (844)254-4044

\*\*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.  
YS\_NAILS\_MIAMI LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2022 DEC -5 PM 2:26

2022 DEC -5 PM 12:35

2022 DEC -5 PM 12:35

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF ORGANIZATION**  
**FOR**  
**FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")*

YS\_NAILS\_MIAMI LLC

**ARTICLE II - Address:**

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

2200 E Hallandale Beach Blvd, Apt 310  
Hallandale, Fl, 33009

**ARTICLE III - Registered Agent, Registered Office:**

The name and the Florida street address of the registered agent are: *(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.)*

GSL ACCOUNTING SERVICES  
1001 N Federal Hwy, Ste 355-352  
Hallandale Beach, Fl, 33009

**ARTICLE IV-**

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

Yuliya S Shkel (MBRM)

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**Required Signatures:****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.

Yuliya S Shkel

**Typed or printed name of signee**

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)**

22 DEC -5 PM 12:35  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL 32399