

1/6/23 11:13 AM  
 L23000007223

Florida Department of State  
 Division of Corporations  
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To:

Division of Corporations  
 Fax Number : (850)617-6391

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: POLISHHERPRETTY23@GMAIL.COM

FLORIDA LIMITED LIABILITY CO.  
 Polish Her Pretty LLC

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

5 PM12:13

2023

SECRETARY OF STATE  
 TALLAHASSEE, FL

2023 JAN -6 PM11:09

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23 JAN -6 PM12:55

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Polish Her Pretty 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:Mailing Address:2216 22nd Way  
West Palm Beach, FL 334072216 22nd Way  
West Palm Beach, FL 33407

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Cristina Carrasquillo

Name

2216 22nd WayFlorida street address (P.O. Box NOT acceptable)West Palm Beach FL 33407

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..

Dec. Signed by:

Cristina Carrasquillo

Registered Agent's Signature (REQUIRED)

Cristina Carrasquillo

(CONTINUED)

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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

AMBR

Name and Address:

Cristina Carrasquillo

2216 22nd Way

West Palm Beach, FL 33407

(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 \_\_\_\_\_ days after the date of filing.)

**ARTICLE VI:** Other provisions, if any:

REQUIRED SIGNATURE:

DocuSigned by:

Cristina Carrasquillo

03107AE32EC04617

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.)

Cristina Carrasquillo

Typed or printed name of signee

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