

L2300096029
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H23000081325 3)))



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To:

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

From:

Account Name : THREE K FAST CARRIER SERVICES INC
Account Number : I20180000033
Phone : (305)805-3516
Fax Number : (305)887-5844

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: TBS.Doral@gmail.com

**FLORIDA LIMITED LIABILITY CO.
DERMABLISS BY MOIRA FUENTES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3-2-23 PM 2:44

FILED

2-21 4:22

2023

AND

Mar. 2. 2023 3:54PM

No. 7358 P. 2
H23000813253

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: DERMABLISS BY MOIRA FUENTES 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:

YORDENIS CALIXTE
Name of Person

TAXES & BUSINESS SERVICES LLC
Firm/Company

8500 NW 30TH TER
Address

DORAL, FL 33122
City/State and Zip Code

TBS.DORAL@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YORDENIS CALIXTE 954 997 7268
Name of Person at () 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

Mar. 2. 2020 3:55PM

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

No. 7350 P. 3
712 300 7081 3253

ARTICLE I - Name:

The name of the Limited Liability Company is:

DERMABLISS BY MOIRA FUENTES 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:

4210 NW 107TH AVE APT 1206
DORAL FL 33178

Mailing Address:

4210 NW 107TH AVE APT 1206
DORAL, FL 33178

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:

YORDENIS CALXTE
Name
8500 NW 30TH TER
Florida street address (P.O. Box **NOT** acceptable)
DORAL FL 33122
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.,

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED).

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR _____

MOIRA FUENTES
4210 NW 107TH AVE APT 1206
DORAL FL 33178

MGR _____

LEE KUNGSANG
4210 NW 107TH AVE APT 1206
DORAL FL 33178

(Use attachment if necessary)

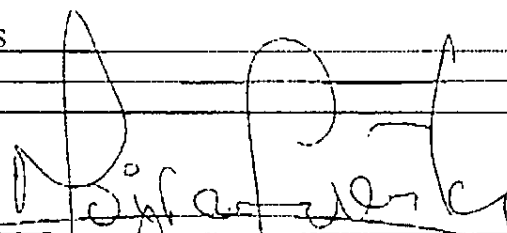
ARTICLE V: Effective date, if other than the date of filing: 3/2/2023 (OPTIONAL)

(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.
ANY AND ALL LAWFUL BUSINESS

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.

Moira Fuentes

Typed or printed name of signer

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)