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(F	Requestor's Name)	
	Address)	
,,	Wadi (195)	
(F	Address)	
	City/State/Zip/Phone #)	<del></del>
<b>,</b>	<b>,</b>	
PICK-UP	WAIT	MAIL
(E	Business Entity Name)	
	Document Number)	
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Certified Copies	Certificates o	of Status
Special Instructions to F	iling Officer	1
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CAPITAL CONNECTION, INC. 417 É. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

VAZQUEZ HAIR SALC	ON LLC	
Please Debit FCA0000000	003 For: 125	
Thank you Seth Neeley		
Stal		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawał
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
		Vehicle Search
		Driving Record
Requested by:		UCC 1 or 3 File
	Ties-	UCC 11 Search
Name Da	ate Time	UCC 11 Retrieval
Walk-In W	Till Pick Up	Courier

# **COVER LETTER**

	New Filing Section Division of Corporations					
cup it c	VAZQUEZ HAIR SALON LLC					
SUBJEC	Name of	Limited Liabilit	y Company			
The enclo	osed Articles of Organization and fee(s	) are submitted	for filing.			
Please re	turn all correspondence concerning this	matter to the fo	ollowing:			
	NANCY ALARCO					
		Name of	Person			
	EPIC BOOKKEEPING LLC					
		Firm/Co	npany			
	12751 SW 149 ST					
		Addre	255			
	MIAMI, FL 33186					
		City/State and	d Zip Code			
	EPICBKLLC@GMAIL.COM	sed for future a	nnual report notification)			
			report notification,			
For furthe	r information concerning this matter, p	lease call:				
	NANCY ALARCO	786	3441792			
	Name of Person	Area Code	Daytime Telephone Number			
Enclose	is a check for the following amount:					
	Filing Fee \$130.00 Filing Fee Certificate of Status	; LCertifi	0 Filing Fee & S160.00 Filing Fee, ed Copy Certificate of Status & Certified Copy (additional copy is enclosed)			
	25.00		· Samana Addinana			
	Mailing Address  New Filing Section		Street Address New Filing Section			
	Division of Corporations		Division of Corporations			
	P.O. Box 6327		Clifton Building			
	Tallahassee, FL 32314		2661 Executive Center Circle			

Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liabi	lity Company is:		
VAZQUEZ HAIR	SALON LLC		
	ntain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street	address of the principal c	office of the Limited	Liability Company is:
Principal Office Address:			Mailing Address:
2300 NW 7TH STI MIAMI FL 33125	REET APT 103		
ARTICLE III - Registered A (The Limited Liability Comparanother business entity with ar The name and the Florida street	ny cannot serve as its own a active Florida registration	Registered Agent. \ on.) d agent are:	You must designate an individual or
		Name	
	2300 NW 7TH STREET APT 103  Florida street address (P.O. Box NOT acceptable)		
			cceptable)
	MIAMI	FL .	33125
	City	State	Zip
place designated in this certificate further agree to comply with the	re, I hereby accept the app provisions of all statutes r pbligations of my position	ointment as registere elating to the proper as registered agent of	above stated limited liability company at the ed agent and agree to act in this capacity. I and complete performance of my duties, and as provided for in Chapter 605, F.S
	Regist	ered Agent's Signat	ure (REQUIRED)

(CONTINUED)

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<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	JOSE DARIO VAZQUEZ PARDO
HOR	2300 NW 7TH STREET APT 103
	MIAMI, FL 33125
AMBR	SANDRA PARDO NOVO
AMDR	2300 NW 7TH STREET APT 103
	MIAMI, FL 33125
	Internation States
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date of file	ing: 07/14/2023 .(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.)	
	he applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Department of Sta	ate's records.
ARTICLE VI: Other provisions, if any.	
ANY AND ALL LAWFULL BUSINESS	
REQUIRED SIGNATURE:	7.3
D. Va	17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Signature of a member	r or an authorized representative of a member

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

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.

### JOSE DARIO VAZQUEZ PARDO

Typed or printed name of signee

## Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

2023 JUL 17 PK 1:07