

L230000338159

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000249325 3)))



H230002493253ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

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

From: Account Name : THE TAX GROUP INC
Account Number : I20180000051
Phone : (305)223-4648
Fax Number : (786)361-1360

****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.
NATASHA DOMINICAN BEAUTY SALON & SPA LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

RECEIVED
2023 JUL 17 PM 2:03
DIVISIONS
COMMERCIAL
NOTES

2023 JUL 17 AM 9:32
MAIL ROOM
10th fl.

H/230002493253

ATX1

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: NATASHA DOMINICAN BEAUTY SALON & 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

YANNA MATOS

Name of Person

NATASHA DOMINICAN BEAUTY SALON & SPA LLC

Firm/Company

3543 SW 6TH STREET

Address

MIAMI, FL 33135

City/State and Zip Code

mitaxgroup@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YANNA MATOS

Name of Person

at (786) 3339714

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

H/230002493253

H/230002493253

NATASHA DOMINICAN BEAUTY SALON & SPA LLC

ATA1

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:

YANNA MATOS

3543 SW 6TH STREET

MIAMI, FL 33145

(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 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:



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.

YANNA MATOS

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)

\$ 5.00 Certificate of Status (Optional)

H/230002493253