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Division of Corporations Electronic Filing Cover Sheet

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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.

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FLORIDA LIMITED LIABILITY CO.

NATASHA DOMINICAN BEAUTY SALON & SPA LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: NATASHA DOMINICAN BEAUTY SALON & SPAILLC 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 & SPAILLC 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, clease call:
YANNA MATOS at (786) 3339714 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$ \$130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314 Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

H230002493253

ATX1

NATASHA DOMINICAN BEAUTY SALON & SPAILLC ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					
The name of the Lin	nited Liability Company is				
NATASHA DOMINIC	AN BEAUTY SALON & SPAILL				_
	(Must contain the words "Li	mited Liabilit	y," "L.L.C.," or "LLC	S.")	_
ARTICLE II - Addre	pe.				
	and street address of the princip	oal office of the	ne Limited Liability (Company is	
_					
Prin	cipal Office Address:		Mailing A	<u> (daress:</u>	
3543 SW 6TH STREET		<u>3543</u>	3543 SW 6TH STREET		
MIAMI FL 3314	:5	MIA	MI, FL 33145		-
					-
ARTICLE III - Regis	tered Agent, Registered Office	, & Register	ed Agent's Signati	ire:	
	Company cannot serve as its or		d Agent, You must	designate an individual	or
another pusiness en	itity with an active Florica registra	ation)			
The name and the F	londa street address of the regis	tered agent a	are:		
	YANNA MATOS	Name			
		TTESTICE .			
	3543 SW 6TH STREET				
	Florida street address (P.O.	Box <u>NQT</u> ac	ceptable)		
	MAM	FL	33145		
	City	State	Zip	_	
			(az ma -barra -t	ad limited link link as ====	nu at the
 Having been named a place designated in the 	as registered agent and to accept se his certificate, I hereby accept the ap	ervice of proce oppintment as	ess for the above stat registered agent and	ea iimtea iiabiiity compai Lagree to act în this capa	ny actine Icity, I
further agree to comp	ly with the provisions of all statutes	relating to the	proper and complete	a performance of my duth	es, and l
am familier with and a	iccept the obligations of my position	n as registered	d agent as provided fo	or in Chapter 605, F.S	
					
	Registered Agent's	Signature (F	LEGUIRED)		
(CONTINUED)			20		
				<u>:</u> -	23

Social And St. 35

ATX1

NATASHA DOMINICAN BEAUTY SALON & SPAILLC ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:			
"MGR" = Manager				
•	VANNA MATOR			
AMBR	YANNA MATCS 3543 SW 6TH STREET			
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 -				

(Use attachment if necessary)				
after the date of filing.)	clfic and cannot be more than five business days prior to or 90 days the applicable statutory filing requirements, this date will not be listed as			
ARTICLE VI: Other provisions, if any.				
REQUIRED SIGNATURE				
This document is executed in acco	Imber or an authorized representative of a member, ordance with section 605.0203 (1) (b), Florida Statutes, ion submitted in a document to the Department of State is provided for in s.817.165, F.S.			
YANNA MATOS				
1	Typed or printed name of signee			

Filina 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)