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To:

Division of Corporations

Fax Number : (850)617-6381

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: GM@PCATAX.NET

FLORIDA LIMITED LIABILITY CO.

Muse Beauty LLC

Certificate of Status	1
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Muse	Beauty 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 pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
450 N Federal Highway 501N Boynton Beach, FL 33435	450 N Federal Highway 501N Boynton Beach, FL 33435
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida re	its own Registered Agent. You must designate an individual or gistration.)
(The Limited Liability Company cannot serve as	its own Registered Agent. You must designate an individual or gistration.)
(The Limited Liability Company cannot serve as another business entity with an active Florida re	its own Registered Agent. You must designate an individual or gistration.)
(The Limited Liability Company cannot serve as another business entity with an active Florida re The name and the Florida street address of the re	sits own Registered Agent. You must designate an individual or egistration.) egistered agent are:
(The Limited Liability Company cannot serve as another business entity with an active Florida re The name and the Florida street address of the re	sits own Registered Agent. You must designate an individual or egistration.) Egistered agent are: Name Page 120 Name 120 Name
(The Limited Liability Company cannot serve as another business entity with an active Florida re The name and the Florida street address of the re <u>Ciara Calise</u> 450 N Federal Hig	sits own Registered Agent. You must designate an individual or egistration.) egistered agent are: Name hway 501N P.O. Par NOT constables
(The Limited Liability Company cannot serve as another business entity with an active Florida re The name and the Florida street address of the re <u>Ciara Calise</u> 450 N Federal Hig	sits own Registered Agent. You must designate an individual or egistration.) egistered agent are: Name hway 501N

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..

Ciara Calise

Registered Agent's Signature (REQUIRED)

Ciara Calise

(CONTINUED)

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<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR ~	Ciara Calise
	1 Oakridge Place
	Eastchester, NY 10709 2023 AUG - 2 PH 3: 3:
	2 ::
	<u> </u>
	3 o
(Use attachment if necessary)	
RTICLE V: Effective date, if other than f an effective date is listed, the date mu e date of filing.)	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prior to or 90 days after
REQUIRED SIGNATURE:	Ciara Calise
	of a member or an authorized representative of a member.
(In accordance with constitutes an affirm I am aware that any	section 605.0203 (1) (b). Florida Statutes, the execution of this document nation under the penalties of perjury that the facts stated herein are true. false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.)
	Ciara Calise