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Account Number : I20220000106 Phone : (407)318-0823

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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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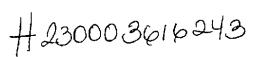
FLORIDA LIMITED LIABILITY CO. RELATIVE BEAUTY WITH HARMONY LLC

Certificate of Status	1
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		. C	OVER LET	TER	
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SUBJECT		E BEAUTY WITH HAR	MONY LLO		
SOBJECT	·	Name of L	imited Liabi	lity Company	
The enclos	sed Articles of	Organization and fee(s)	are submitted	d for filing.	
Please rett	ırn all corresp	ondence concerning this r	natter to the	following:	
	NAVA, MA	RIA			
			Name o	f Person	
			7, 10		
			Firm/Co	ompany	
	2370 SUE D	R			
			Add	ress	_
	KISSIMME	E FLORIDA 34741			
	PLUSFINAN	CESERVICESLLC@GN	City/State at IAIL.COM	nd Zip Code	
		E-mail address: (to be use		annual report notificat	ion)
For further i	nformation co	ncerning this matter, plea	se call:		
	NAVA, MAI	RIA at (107	8684693	
	Nam	ne of Person	Area Code	Daytime Telephon	e Number
Enclosed is	s a check for t	he following amount:			
□S125.00	Filing Fee	■\$130.00 Filing Fee & Certificate of Status	Certif	5.00 Filing Fee & ed Copy al copy is enclosed)	□S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
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New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

#230003616243

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	ICL	ĿΙ	- Na	me:
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The name of the Limited Liability Company is:

RELATIVE BEAUTY WITH HARMONY LLC

Principal Office Address:

(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:

			
2370 SUE DR	2370 SUE DR		
KISSIMMEE FLORIDA 34741	KISSIMMEE FLORIDA 34741		

Mailing Address:

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:

	Name	
2370 SUE DR		
Florida street addres	is (P.O. Box NOT acce	ptable)
	Et Obib i	24741
KISSIMMEE	FLORIDA	34741

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	NAVA, MARIA 2370 SUE DR KISSIMMEE FLORIDA 34741
MGR	ORTIZ. MARCOS 2370 SUE DR KISSIMMEE FLORIDA 34741
(Use attachment if necessary)	
ICLE V: Effective date, it other than the dat i effective date is listed, the date must be spate of filing.)	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be lis
If the date inscrted in this block does not	t of State's records.
If the date inserted in this block does not locument's effective date on the Department ICLE VI: Other provisions, if any.	t of State's records.
If the date inscrted in this block does not ocument's effective date on the Department	t of State's records.

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

NAVA. MARIA

BOCT 16 PH 1: 04