

Page: 3 of 4	2023-11-13 12	7:11:04 GMT	13053284774	From, Yar
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ARTICLES OF	ORGANIZATION FOR FLO	RIDA LIMPIFIDI J		in-en Ørge?
AUICES			2014 .1411 - 1	DH L. DO
ARTICLE I - Name:			1.040 (***) (* 3	rn 4939
The name of the Limited Liability	y Company is:			1) - CTATE
			WALLAHAS	
VIVIR MEDICAL &	BEAUTY SPAILC			JOEL, FL
	in the words "Limited Liab	ility Company, "L	.L.C.," or "LLC.")	
The mailing address and street ad	l Office <u>Address</u> :	· ···	Mailing Address:	
840 US-1		840 US		
NORTH PALM BEA	CH, FL 33408		H PALM BEACH, FL 33408	
······································				
ARTICLE III - Registered Age				
(The Limited Liability Company		istered Agent. Yo	u must designate an individual or	
another business entity with an a	cuve Florida registration.)			
The name and the Florida street a	ddress of the registered age	nt are:		
	JEAN PIERRE			
		me		
	840 US-1			
	Florida street address (P.	O. Box <u>NOT</u> acce	piable)	
	NORTH PALM BEACH	FL	33408	
	City	State	Zip	

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.

To:

Registered Agent's Signature (REQUIRED)

(CONTINUED)

t <u>le:</u> MBR" = Authorized Member (GR" = Manager	Name and Address:
AMBR	JEAN PIERRE 840 US-1 NORTH PALM BEACH, FL_33408
AMBR	DHAINA PIERRE 840 US-1 NORTH PALM BEACH, FL 33408
	<u> </u>

ARTICLE V: Effective date, if other than the date of filing: <u>JAN 01, 2024</u>. (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.)

<u>Note:</u> 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:

Charles BAD HAD

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.

JEAN PIERRE

Typed or printed name of signee

Filing Fees:

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

\$ 5.00 Certificate of Status (Optional)