

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

From: Account Name : HUBCO
Account Number : 104662003400
Phone : (516)813-1184
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: Esthetics.creations@gmail.com

FLORIDA LIMITED LIABILITY CO.
Esthetics Creations LLC

Certificate of Status	1
Certified Copy	0
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FILED
CLAHASSEE, FL
DIV OF STATE

T. MATTHEWS

NOV 30 2023

FILED H23000407200

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 2023 NOV 29 PM 3:33

ARTICLE I - Name:

The name of the Limited Liability Company is:

CLERK OF STATE
TALLAHASSEE, FL**Esthetics Creations 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 principal office of the Limited Liability Company is:

Principal Office Address:**Mailing Address:**4851 NW 8th Drive
Plantation, FL 333174851 NW 8th Drive
Plantation, FL 33317**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:

Thaliah Sicard

Name

4851 NW 8th DriveFlorida street address (P.O. Box **NOT** acceptable)Plantation

City

FL 33317

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..



Registered Agent's Signature (REQUIRED)

Thaliah Sicard

(CONTINUED)

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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:

Thaliah Sicard

4851 NW 8th Drive

Plantation, FL 33317

AMBR

Ana Montalvo

611 NW 109 Avenue

Pembroke Pines, FL 33026

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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.)

Thaliah Sicard

Typed or printed name of signer