**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	 	_
Email	Address:	 <del> </del>	_

## FLORIDA LIMITED LIABILITY CO.

# **Cutiecles Beauty Luxe LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

12/15/23

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023 DEC 14 PN 2:4

2/14/2023 12:04:50 PST To: 18506176381 Page: 2/3 From: Registered Agents Inc Fax: 8134365206

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

#### **Cutiecles Beauty Luxe LLC**

(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:

## Principal Office Address:

Mailing Address:

12995 S. Cleveland Ave

12995 S. Cleveland Ave

**Unit 154** 

Unit 154

Fort Myers

\_

Fort Myers FL 33907

Zip

# ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

Registered Agents Inc.

City

(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.)

33907

The name and the Florida street address of the registered agent are:

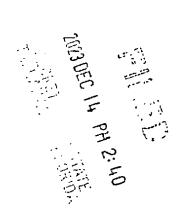
registered Agerns into	•		
	Name		
7901 4th St N		STE 300	
Florida street address	(P.O. Box <u>NO</u>	T acceptable)	
St. Petersburg	FL	33702	

State

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)



. . . .

ARTICLE IV-

Page: 3/3

Fax: 8134365206

<u>Fitle:</u>	Same and Address:	
	uthorized Member	
MGR'' = Mar	nager	
MGR	Chan, Peuvmanirothana	
	7901 4th St N STE 300	
	St. Petersburg, FL 33702	
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