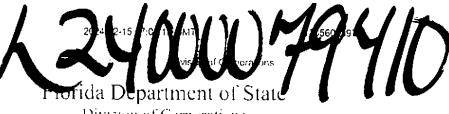
2/15/24, 11:57 AM



From: Alex Pina

Division of Corporations Electronic Filing Cover Sheet

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.

(((H24000063270 31))



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 : ALEX PINA CO. Account Number : 120190000095 Phone : (305)803-8471 Fax Number : (305)602-3977

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

client@alexpina.co

FLORIDA LIMITED LIABILITY CO. SKY HAIR & BEAUTY LLC

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED HABILITY COMPANY

ARTICLE I - Name:

To:

The name of the Limited Liability Company is

SKY HAIR & BEAUTY 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:
540 BRICKELL KEY DR APT 1813	540 BRICKELL KEY DR APT 1813
MIAMI, FL 33131	MIAMI, FL 33131

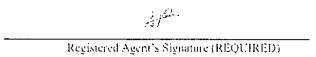
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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	
8400 NW 36TH ST	STE 450	
Florida street addres	is (P.O. Box <u>NOT</u> ac	reeptable)
DORAL	FI.	33166

Having been named as registered agent and to accept service of process for the above stated limited hability company at the place designated in this certificate. Thereby accept the oppointment as registered agent and agree to act in this capacity. T 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.,



(CONTINUED)



Title: "AMBR" = Authorized Member "MGR" = Manager	Same and Address:
<u>AMBR</u>	JESSY D TERRERO 540 BRICKELL KEY DR APT 1813 MIAMI, FE 33131
(Use attachment if necessary) RTICLE V: Effective date, if other than the defendance of the date word by	ate of filing:
e date of filing.)	of meet the applicable statutory filing requirements, this date will not be listed

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)
- S 5.00 Certificate of Status (Optional)