# L24000230868

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



700429642817

, ; ,

124 MAY 24 PM 3: 1

RECEIVED

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 + Tallahassee, Florida 32301 (850) 224-8870 + 1-800-342-3062 + Fax (850) 222-1222

AMOR NAILS.	LLC	
Please Debit FC	A000000003 For: 125	
Thank you Seth	Neelev	
Stall		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art, of Amend, File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		× Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
1	,	Officer Search
4		Fictitious Search
Signature		Fictitious Owner Search
		Vehicle Search
	·	Driving Record
Requested by:		UCC 1 or 3 File
Name	Date Time	UCC 11 Search
Name	Date Hine	UCC 1! Retrieval
Walk-In	Will Pick Up	Courier

#### **COVER LETTER**

	New Filing Section Division of Corporations
SUBJEC	r. Amor Nails, LLC
JUBJEC	Name of Limited Liability Company
The enclo	sed Articles of Organization and fee(s) are submitted for filing.
Please ret	urn all correspondence concerning this matter to the following:
	Romy B. Jurado
	Name of Person
	Jurado & Associates, P.A.
	Firm/Company
	10800 Biscayne Boulevard Suite 850
	Address
	Miami, FL 33161
	City/State and Zip Code
	romy@juradolawfirm.com
	E-mail address: (to be used for future annual report notification)
or further	information concerning this matter, please call:
	Andrea Aristeiguieta at ( 305 ) -921-0976
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
<b>⊠\$</b> 125.0	0 Filing Fee ☐\$130.00 Filing Fee & ☐\$155.00 Filing Fee & ☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) ☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroe Street, Suite 810Tallahassee, FL 32314Tallahassee, FL 32303

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Amor Nails, LLC	
(Must contain the words "Limited Liability	y 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:
1835 E Hallandale Beach Blvd PMB 275 Hallandale Beach, FL 33009	1835 E Hallandale Beach Blvd PMB 275 Hallandale Beach, FL 33009
ARTICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Register another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent a	ered Agent. You must designate an individual or
Romy B. Ju	
Name	
10800 Biscayne	Boulevard Suite 850
Florida street address (P.O.	Box NOT acceptable)
Miami, FL 3	33161
City S	tate Zip
Having been named as registered agent and to accept service of probace designated in this certificate. I hereby accept the appointmen further agree to comply with the provisions of all statutes relating to a miliar with and accept the obligations of my position as regis Registered Ag	at as registered agent and agree to act in this capacity. It is the proper and complete performance of my duties, and it
(CO)	STINUED)

#### ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title; "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager MGR	Tomer Natan Tourkia		
	3444 NE 167th St North Miami Beach, FL 33160		
MGR	Rajel Tourkia 3444 NE_167th.St North-Miami-Beach,-FL_33160		
(Use attachment if necessary)			
the date of filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed as ent of State's records.		
ARTICLE VI: Other provisions, if any.			
REOUIRED SIGNATURE:	222		
This document is exe I am aware that any fa	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.		
_	Tomer Natan Tourkia		
	Typed or printed name of signee		

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)