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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

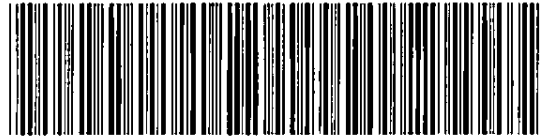
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

05/02/24

Office Use Only



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03/20/24--01034--022 **155.00

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FRANCHISING
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2024 MAY -2 PM 12:30

FILED

T-5.H
4/10/24



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 10, 2024

SAINTE ANNE DORCIUS MESALON
1035 NW 116 TERRACE
MIAMI, FL 33168 US

SUBJECT: SAINTE BEAUTY SHOP LLC
Ref. Number: W24000057184

We have received your document for SAINTE BEAUTY SHOP LLC and check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

LETTER OF DISSOLUTION REQUIRES SIGNATURE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tabitha J Howell
Regulatory Specialist II

Letter Number: 424A00007738

2024.4.10 -2

04/28/2024

1035 NW 116 Terrace

Miami FL, 33168

Sainte-Anne Dorcius Mesalon

sainteanna12@yahoo.com

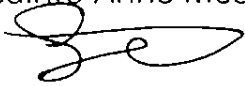
786-281-8004

To Whom It May Concern

I Sainte Anneus Dorcius Mesalon is the owner of Sainte.Beautysshop INC. I would like to release the name and keep it as Sainte.Beautysshop LLC. As I requested to convert the name from INC to LLC . Sainte. Beautysshop LLC . Ref . Number: W24000057184.

Thank you in advance for your comprehension.

Sainte Anne Mesalon.

 4/28/24

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SAINTE.BEAUTYSHOP LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sainte Anne Dorcius Mesalon
Name of Person

SAINTE.BEAUTYSHOP LLC
Firm/Company

1035 NW 116 TERRACE
Address

MIAMI, FL 33168
City/State and Zip Code

SAINTEANNA12@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sainte Anne D Mesalon 786 281-8004
Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|--|---|

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SAINTE.BEAUTYSHOP 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:

1035 NW 116 TERRACE
MIAMI, FL 33168

Mailing Address:

1035 NW 116 TERRACE
MIAMI, FL 33168

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:

Sainte Anne Dorcius Mesalon

Name

1035 NW 116 Terrace

Florida street address (P.O. Box **NOT** acceptable)

Miami,

FL

33168

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..



Registered Agent's Signature (REQUIRED)

(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

Name and Address:

OWNER(Manager)

Sainte Anne Dorcius Mesalon
1035 NW 116 Terrace
MIAMI, FL 33168

Comanager

Ashley Bain
1035 NW 116 Terrace
MIAMI, FL 33168

(Use attachment if necessary)


ARTICLE V: Effective date, if other than the date of filing: 03/12/2024 (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.)

Note: 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:



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.

Sainte Anne D Mesalon

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)

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