6/7/24, 1.01 PM



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.

(((H24000200601 3)))



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 : JTAX CORP Account Number : I20200000009 Phone : (954)544-1000 Fax Number : (954)678-4500

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

HELLO@JTAXCORP.COM Email Address:\_\_\_\_

## FLORIDA LIMITED LIABILITY CO. DAD'S CAVE BARBERSHOP POMPANO II LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00



Electronic Filing Menu Corporate Filing Menu

Help

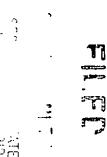
	DA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	#
DAD'S CAVE BARBERSHOP POMPANO II LL	
(Must contain the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of	Pacificate 11 Children
	, ,
Principal Office Address:	Mailing Address:
Principal Office Address:  1901 N FEDERAL HWY SUITE E108	, ,
Principal Office Address:	Mailing Address:
Principal Office Address:  1901 N FEDERAL HWY SUITE E108	Mailing Address:
Principal Office Address:  1901 N FEDERAL HWY SUITE E108 POMPANO BEACH, FL 33062	Mailing Address:  SAME
Principal Office Address:  1901 N FEDERAL HWY SUITE E108	Mailing Address:  SAME  istered Agent's Signature:

TIV	AX CORP	
	Name	
10055 YAMATO RD 8	TE 206	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	rceptable)
HOCA RATON	FL	33498
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 kereby 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.,



(CONTINUED)



To:

$\Lambda 1$	RT"	C1	F	IV-

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

Liffei	Name and Address:
"AMBR" = Authorize	l Member
"MGR" = Manager	
AMBR	SANDRO NEVES DOS SANTOS
	10412 SUNSTREAM LN
	BOCA RATON, FL 33428
AMBR	BRUNNO AZEVEDO MONTEIRO
	4892 WILLOW DRIVE
	BOCA RATON, FL 33487
AMBR	GUILHERME OLIVEIRA LIMA
	900 CRYSTAL LAKE DR 1B
	Deerfield Beach, FL 3306
AMBR.	JONATTAN FERREIRA SILVA
	3808 CRISTAL LAKE DRIVE APT 401
	POMPANO BEACH, FL 33064
the date of filing.) Note: If the date inserted in th	e date must be specific and cannot be more than five business days prior to or 90 days after a block does not meet the applicable statutory filing requirements, this date will not be listed as in the Department of State's records.
REOUIRED SIGNA	TURE:
<del></del>	signature of a member or an authorized representative of a member.
This c 1 am a	becument is executed in accordance with section 605.0203 (1) (b), Florida Statutes, ware that any false information submitted in a document to the Department of State utes a third degree felony as provided for in s.817.155, F.S.
	NIRVANDO COLARES BATISTA
	Typed or printed name of signee
	Theo or lumino marie or signee

