

(((H24000282386 3)))

Florida Department of State  
Division of Corporations  
Electronic Filing System

**124000365193**

Note: This page is for use as a cover sheet for the tax return only.  
(shown below on the top and bottom of all pages of the document.)

FL  
8-23-24

(((H24000282386 3)))



H2400028238634BC2

**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 : YOUR DREAM SERVICES CORP.  
Account Number : 120200000137  
Phone : (786)660-0108  
Fax Number : (786)364-1047

RECEIVED

2024 AUG 22 PM 4:23

DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

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

Email Address: INFO@YOURDREAMMS.COM

DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

2024 AUG 22 PM 11:44

FILED

**FLORIDA LIMITED LIABILITY CO.  
URBE STUDIO BY PAOLA LLC**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

(((H24000282386 3)))

((H24000282386 3))

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: URBE STUDIO BY PAOLA LLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

KATIUSKA P. URQUIOLA BENITEZ

Name of Person

*Katiuska P. Urquiola Benitez*

Firm/Company

7171 CORAL WAY SUITE 102

Address

MIAMI FL 33155

City/State and Zip Code

Urbestudiobypaola@gmail.com

E-mail address: (to be used for future annual report notification)

2024 AUG 22 PM 11:44  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

FILED

For further information concerning this matter, please call:

KATIUSKA URQUIOLA 786 9896675  
at ( )  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$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

((H24000282386 3))

((H2400282386.3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

URBE STUDIO BY PAOLA 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:

7171 CORAL WAY SUITE 102  
MIAMI FL, 33155

7171 CORAL WAY SUITE 102  
DMAMI FL, 33155

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:

YOUR DREAM MULTISERVICES CORP

N/A

9554 NW 41ST ST

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

DORAL

FL

33178

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 ~~its capacity~~ <sup>my capacity</sup>. 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, FS~~ <sup>Chapter 605, FS</sup>.

Isamar Torres

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2024 AUG 22 PM 11:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

((H24000282386.3)))

((H24000282386 3))

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:

MGR

KATIUSKA P. URQUIOLA BENITEZ

7171 CORAL WAY SUITE 102

MIAMI FL, 33155

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (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.

The company's primary activity is operating a Beauty Salon and Spa.

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

Katiuska P. Urquiola Benitez

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.

KATIUSKA P. URQUIOLA BENITEZ

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)

((H24000282386 3))