

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

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Account Name : CESPEDES CPA, INC
Account Number : 120220000109
Phone : (786)452-4615
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Email Address: manoloian2004@yahoo.com

RECEIVED
2024 AUG 28 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FL

**FLORIDA LIMITED LIABILITY CO.
YOSY HAIR BEAUTY LLC**

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

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24 AUG 28 AM 11:45
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TALLAHASSEE, FL

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

YOSY 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:

8350 NW 8TH ST APT 4
MIAMI FL 33126

Mailing Address:

8350 NW 8TH ST APT 4
MIAMI FL 33126

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:

LLERENA GARCIA, YOSELIN

Name

8350 NW 8TH ST APT 4

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

MIAMI FL 33126

City

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.



Yoselin Garcia 28, 2024 13:35 (EDT)

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

AMBR

Name and Address:

LLERENA GARCIA, YOSELIN

8350 NW 8TH ST APT 4

MIAMI FL 33126

(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.

REQUIRED SIGNATURE:

Verifying with 28 AUG 24 13:31 EDT

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.

LLERENA GARCIA, YOSELIN

Typed or printed name of signee

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CORPORATION
DIVISION

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