

(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:





2024 SEP 17 AM 9: 47

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE <u>09/17/2024</u>	_		**WALK IN*
ENTITY NAME Styledt	oya LLC		
DOCUMENT NUMBER			
DOCUMENT NUMBER_			20
	**PLEASE FILE THE ATTACHED AN	• •	124 SE
xxxxxxxx	D4 · 1		5 . 2024 SEP 17
	Plain Copy Certified Copy	(C)	
	Certificate of Status	in,	AH 9: 47
			<u> </u>
	PLEASE OBTAIN THE FOLLOWING FOR T Certified Copy of Arts & Amendments Certificate of Good Standing	HE ABOVE ENTITY"	
	APOSTILLE' / NOTARIAL CERT	TIFICATION	
COUNTRY OF DESTINA	TION		_
NUMBER OF CERTIFICA	TES REQUESTED		_
TOTAL OWED \$125	ACC	OUNT #: I20160000072	
		S 8710	
Please call Tina at i	the above number for any issues or co		much!

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must	contain the words "Limited Liab		
		lity Company, "L.L.C.,"	or "LLC.")
ARTICLE II - Address: The mailing address and str	reet address of the principal office	of the Limited Liability	Company is:
<u>Pr</u>	incipal Office Address:		Mailing Address:
2001 Meridian	Avenue	2001 Meridia	n Avenue
Unit 307		Unit 307	
			E4 00100
Miami Beach, F ARTICLE III - Registere The Limited Liability Con	L 33139 d Agent, Registered Office, & Repany cannot serve as its own Reg th an active Florida registration.)		iture:
Miami Beach, F ARTICLE III - Registered The Limited Liability Com- mother business entity with	d Agent, Registered Office, & Rapany cannot serve as its own Reght an active Florida registration.) treet address of the registered age	egistered Agent's Signa istered Agent. You must	ature: designate an individual or
Miami Beach, F ARTICLE III - Registered The Limited Liability Com- mother business entity with	d Agent, Registered Office, & Rapany cannot serve as its own Reg h an active Florida registration.) treet address of the registered age	egistered Agent's Signa istered Agent. You must	ature: designate an individual or
Miami Beach, F ARTICLE III - Registered The Limited Liability Com- mother business entity with	d Agent, Registered Office, & Rapany cannot serve as its own Reg h an active Florida registration.) treet address of the registered age	egistered Agent's Signa istered Agent. You must , nt are:	iture:
Miami Beach, F ARTICLE III - Registered The Limited Liability Com- mother business entity with	d Agent, Registered Office, & Rapany cannot serve as its own Registration.) treet address of the registered age Alexandra Eshaghian	egistered Agent's Signa istered Agent. You must ' nt are:	designate an individual or
Miami Beach, F ARTICLE III - Registered The Limited Liability Com- mother business entity with	d Agent, Registered Office, & Rapany cannot serve as its own Registration.) treet address of the registered age Alexandra Eshaghian No. 2001 Meridian Avenue	egistered Agent's Signalistered Agent. You must int are: me O. Box <u>NOT</u> acceptable	designate an individual or

further agree to comply with the provisions of all statutes relating to the proper and complete performance of my dua am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Alexandra Eshaghian
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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	Alexandra Eshaghian 2001 Meridian Avenue, Unit 307 Miami Beach, FL 33139	
	2024 SEF	
	SEP 17	
(Use attachment if necessary)	AM 9: 47	
If an effective date is listed, the date must be spe he date of filing.) Note: If the date inserted in this block does not m	of filing:	
the document's effective date on the Department of ARTICLE VI: Other provisions, if any.	of State's records.	
REQUIRED SIGNATURE:		
	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes.	

I am aware that any false information submitted in a document of the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Clefandra Eshaghian

Typed or printed name of Egnee

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)

ARTICLE IV-

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

<u>Title:</u>	Name and Address:	
"AMBR" = Authorize	ed Member	
"MGR" = Manager		
NEIR	Mexandra Eshaghian	
	'091 Mendian Wemie	
	Miaimi Beach H. 33/139	
		
	* #	
	20	
	: J 2 4	
(Use attachment if ne	cessary)	
ARTICLE V: Effective date, i	f other than the date of filing:(OPFIONALT	
(If an effective date is listed, tl	he date must be specific and cannot be more than five business days prior to or 90 days at	iter
the date of filing.)		
Note: If the date inserted in th	his block does not meet the applicable statutory filing requirements, this date will not be sto	ed as
	on the Department of State's records.	
ARTICLE VI: Other provision	s, if any,	
REQUIRED SIGNA	TURE:	
	/ / / ··	
	Signature of a member or an authorized representative of a member.	
	document is executed in accordance with section 605,0203 (1) (b), Florida Statutes.	
	aware that any false information submitted in a document to the Department of State	
const	itutes a third degree felony as provided for in s.817.155, F.S.	

Filing Fees:

Typed or printed name of signee

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Mexandra Eshaghian