## Division of Corporations Electronic Filing Cover Sheet

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.

(((H24000409814 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 : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

: (305)552-5973

Phone Fax Number

: (305)675-5944

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

EWGIT	Address	

## FLORIDA LIMITED LIABILITY CO. IMPERIAL NAIL SPALLC

Certificate of Status	1
Certified Copy	
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

Wiser Broker Envelope ID: 51192ae536ab0694ac7a94efe1661c9.

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: (Must end with the words Limited Liability Company,

IMPERIAL NAIL SPAILLO

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

2423 SW 147th Avenue #556 Miami, FL 33175 2024 DEC 13 PM 4:

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: (The Limited Limbility of Company carenot serve as its own Registered agent. You must designate an individual or another business entity with an active Florida registration.)

DEBORAH ANGELICA LOM BAUTISTA

2423 SW 147th Avenue #556

Miami, FL 33175

ARTICLE IV.

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

DEBORAH ANGELICA LOM BAUTISTA (AMBR)

Wiser Broker Envelope ID; 51192ae535ab0694ac7a94efa1661c9a

EIN: 33-2363439

Required Signatures:

V689r Broker:12/11/2024

Deborah Lom Bactiona

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 \$.817.155, F.S.

DEBORAH ANGELICA LOM BAUTISTA

Typed or printed name of signee

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 to the Chapter 605, F.S..

Wienr Broker; 12/11/2024.

Deborah Lom Baccica

Registered Agent's Signature (REQUIRED)

SECRETARY OF STATE