

## Florida Department of State

Division of Corporations

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : FLORIDA ACCOUNTING & BUSINESS CONSULTING LLC  
Account Number : 120200000185  
Phone : (754)200-4294  
Fax Number : (844)254-4044

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

Email Address: \_\_\_\_\_

## FLORIDA LIMITED LIABILITY CO.

## RUBY BEAUTY STUDIO LLC

Certificate of Status	0
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**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," "L.L.C.," or "LLC.")*

**Ruby Beauty Studio LLC**

**ARTICLE II - Address:**

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

**115 S 21st Ave  
Hollywood, FL 33020**

**ARTICLE III - Registered Agent, Registered Office:**

The name and the Florida street address of the registered agent are: *(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.)*

**Lismar Sorimar Ruby Tesorero Gonzalez  
4211 SW 31st Ave  
Davie, FL 33314**

**ARTICLE IV-**

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

**Lismar Sorimar Ruby Tesorero Gonzalez      (AMBR)**

*1/29/2025 15:08:48 CST*

**Required Signatures:**

*Lismar Sorimar Ruby Tesorero Gonzalez*

**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 s.817.155, F.S.

**Lismar Sorimar Ruby Tesorero Gonzalez (AMBR)**

**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 for in Chapter 605, F.S..

**Lismar Sorimar Ruby Tesorero Gonzalez**

**Registered Agent's Signature (REQUIRED)**