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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.

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

From: Account Name : ISAMAR TORRES Account Number : I2020000137 Phone : (786)660-0108 Fax Number : (305)503-7123

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

tabulariustax@gmail.com Email Address:

FLORIDA LIMITED LIABILITY CO. YP SKINCARE & SPA LLC

Table with 2 columns: Item and Value. Rows include Certificate of Status (0), Certified Copy (0), Page Count (01), and Estimated Charge (\$125.00).

MAR 11 2021

T. SCOTT

DEPARTMENT OF STATE

2021 MAR 10 AM 11:33

FILED

DEPARTMENT OF CORPORATIONS

2021 MAR 10 AM 8:55

RECEIVED

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: YP SKINCARE & SPA LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

YANELA PRIETO PAREDES
Name of Person

Firm/Company

751 73RD ST OCEAN # 104
Address

MARATHON, FL 33050
City/State and Zip Code

TABULARIUSTAX@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YANELA PRIETO PAREDES at (786) 4420127
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

YP SKINCARE & SPA 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:

751 73RD ST OCEAN # 104
MARATHON, FL 33050

751 73RD ST OCEAN # 104
MARATHON, FL 33050

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:

YANELA PRIETO PAREDES

Name

751 73RD ST OCEAN # 104

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

<u>MARATHON</u>	<u>FL</u>	<u>33050</u>
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 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..

Yanela Prieto Paredes

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2021 MAR 10 AM 11:33
COUNTY CLERK OF STATE
TALLAHASSEE FL 32310
FILED

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" – Authorized Member

"MGR" = Manager

MGR

YANELA PRIETO PAREDES
751 73RD ST OCEAN # 104
MARATHON, FL 33050

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 03/05/2021. (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:

Yanela Prieto Paredes

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.

YANELA PRIETO PAREDES

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)