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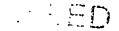
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

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xx	FILING	LLC	
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((CORPORATE NAME AND DOC	CUMENT #)	·
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COVER LETTER

TO:	New Filing Section Division of Corporati	ons			
SURJE	Bettina Beauty LI	.c			
The enc	losed Articles of Organi	zation and fee(s) are	submitted	for filing.	
Please re	eturn all correspondence	concerning this ma	tter to the I	ollowing:	
	Irina Roth Neuman	n, Esq.			
			Name of	Person	·
	Roth Private Advis	ing Law			
			Firm/Co	mpany	
	601 Brickell Key D	rive, Suite 700			
			Addr	ess	
	Miami, FL 33131				
	irina@rothpalaw.con		ity/State an	d Zip Code	<u> </u>
		 -	for future a	nnual report notificati	on)
For furthe	r information concernin	g this matter, please	call:		
	Irina Roth Neumann		5	798-8878	
	Name of Pe			Daytime Telephon	e Number
Enclosed	l is a check for the follo	wing amount:			
■\$125.	00 Filing Fee □\$1 Cert	30.00 Filing Fee & ficate of Status	Certific	i.00 Filing Fee & ed Copy ed Copy is enclosed)	□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addr			Street Address	
	New Filing Sec Division of Co			New Filing Section Di The Centre of Tallaha	
	P.O. Box 6321	7		2415 N. Monroe Stree	et, Suite 810
	Tallahassee, F	1. 32314	•	Fallahassee FL 32301	1



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 2021 00 T 12 PH 12: 00

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The name of the Limited Liability Company is:

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(Must contain the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")
II - Address:	
address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2950 NE 188th St Unit 444	2950 NE 188th St Unit 444
Miami, Fl 33180	Miami, F1 33180

The name and the Florida street address of the registered agent are:

Roth Private Advis	sing Law	
-	Name	
601 Brickell Key I	Drive, Suite 700	
Florida street addr	ess (P.O. Box <u>NOT</u> ac	cceptable)
Miami,	Fl	33131
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..

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:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	Salomon Arvili
MGR	2950 NE 188th St Unit 444
	Miami, Fl 33180
	— (T) (T)
	FIZ: 00
	
(If an effective date is listed, the date must the date of filing.) <u>Note:</u> If the date inserted in this block do the document's effective date on the Depart	the date of filing:
ARTICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:	<u>Salomonarvili</u> salon gnarri 1901 17, 2021 39 34 807
This document i I am aware that a	of a member or an authorized representative of a member. s executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State d degree felony as provided for in s.817.155, F.S.
	Salomon Arvili
	Typed or printed name of signee
\$ 30.00 Certified Copy (Opti	
\$ 5.00 Certificate of Status (Optional)