

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L24000483113
FILED 8:00 AM
November 14, 2024
Sec. Of State
dsultana**

Article I

The name of the Limited Liability Company is:

XCUSE MY HANDS SPA LLC

Article II

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

6700 NW 186TH ST
507
HIALEAH, FL. UN 33015

The mailing address of the Limited Liability Company is:

6700 NW 186TH ST
507
HIALEAH, FL. UN 33015

Article III

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

ARKEERIA L MERRITT
6700 NW 186TH ST
507
HIALEAH, FL. 33015

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.

Registered Agent Signature: ARKEERIA MERRITT

Signature of member or an authorized representative

Electronic Signature: ARKEERIA MERRITT

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.