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## COVER LETTER

TO:	New Filing Sec Division of Cor				
SUBJEC	KYW Nail	Bar LLC			
., 0, 1, 0, 1, 0	~ · ·	Name	of Limited	Liability Company	
The enc	losed Articles of	Organization and fee	(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning th	nis mutter t	to the following:	•
	Andiana Pau	lino Cruz			
			N:	une of Person	
	<del></del>		177	rm/Company	
	10200 N 4			anic ompany	'
	10200 N An	nenia Ave Suite 250:	· - <del></del>		· · ·
	Tampa, FL 3	3612		Address	
			City/S	tate and Zip Code	
	<del></del>	i-mail address; (to be	used for f	uture annual report notifica	ition)
For furthe	t information co	ncerning this matter,	please call	;	
	Andiuna Paul		201 at (	5395469	
	Nam	e of Person		ode Daytime Telepho	
Enclosed	d is a check for t	he following amount:			
■\$125.00 Filing Fee □\$130,00 Filing Fee Certificate of Status		18	□\$155.00 Filing Fee & Certified Copy Iditional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		g Address		Street Address	
	New Filing Section Division of Corporations			New Filing Section I The Centre of Talla	
		ox 6327		2415 N. Montoe Str	
	Tallah	assee, F1, 32314		Tallahassee, FL 323	303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

KYW Naii Bar	LLC		
(Mus	st contain the words "Limited Li	ability Company.	"L.L.C.," or "LLC.")
RTICLE II - Address:			
e mailing address and s	treet address of the principal off	ice of the Limited	Liability Company is
<u> P</u> :	Principal Office Address:		Mailing Address:
10200 N Arme	nia Ave Suite 2505	1020	0 N Armenia Ave Suite 2505
he Limited Liability Cor	ed Agent, Registered Office, &	Registered Agen	pa. Fl. 33612 nt's Signature: You must designate an individual
RTICLE III - Registero The Limited Liability Com nother business entity wi	ed Agent, Registered Office, & mpany cannot serve as its own R ith an active Florida registration, street address of the registered a	Registered Agent, (a)	nt's Signature:
RTICLE III - Registero The Limited Liability Com nother business entity wi	ed Agent, Registered Office, & mpany cannot serve as its own R ith an active Florida registration. street address of the registered a	Registered Agent. (a) (b) (c) (c) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	nt's Signature:
RTICLE III - Registero The Limited Liability Com nother business entity wi	ed Agent, Registered Office, & mpany cannot serve as its own R ith an active Florida registration. street address of the registered a	Registered Agent, (a)	nt's Signature:
RTICLE III - Registero The Limited Liability Com nother business entity wi	ed Agent, Registered Office, & mpany cannot serve as its own R ith an active Florida registration. street address of the registered a	Registered Agent. (a) (b) (c) (c) (c) (d) (d) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	nt's Signature:
RTICLE III - Registero The Limited Liability Com nother business entity wi	ed Agent, Registered Office, & mpany cannot serve as its own R ith an active Florida registration.  Street address of the registered a Taxpros Financial LLC	Registered Agent (Agent Agent	nt's Signature: You must designate an individual
RTICLE III - Registero The Limited Liability Com nother business entity wi	ed Agent, Registered Office, & mpany cannot serve as its own R ith an active Florida registration street address of the registered a Taxpros Financial LLC	Registered Agent (Agent Agent	nt's Signature: You must designate an individual

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)

"AMBR" = Authorized Member	Name and Address:
"MGR" ≈ Manager	
AMBR	Andiana Paulino Cruz 10200 N Armenia Ave Tamna, Fl. 33612
<del></del>	
(Use attachment if necessary)	
LEV: Effective date, if other than the date	offilmg (OPTIONAL)
te of filing.)	ecific and cannot be more than five business days prior to or 90 di neet the applicable statutory filing requirements, this date will not be of State's records
cument's effective date on the Department of	on place (1700) d.
cument's effective date on the Department of CLE VI: Other provisions, if any.	
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cument's effective date on the Department of CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	
CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	

Anibal Cabrera
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 Section 1997

5 5.00 Certificate of Status (Optional)