Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Email Address:_

FLORIDA LIMITED LIABILITY CO. VITAGLOW AESTHETICS, LLC.

Certificate of Status	0
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Estimated Charge	\$155.00

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Mailing Address:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

VitaGlow Aesthetics, 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 Liebility Company is:

	<u></u>	
7100 W. 20th Ave.	7100 W. 20th Ave.	
Ste. 205	Ste. 205	
Hialeah, Fl. 33016	Hislesh, Fl. 33016	

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:

Principal Office Address:

Ben Financial Service	ces, Inc.	
	Name	
10500 NW 26th Stre	eet, Ste. A-101	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	ceptable)
Doral	Fl	33172
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..



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

Title:	Name and Address:
"AMBR" = Authorized Member	at a second of the second of t
"MGR" = Manager	
MGR	Yadira Pagano
	7100 W. 20th Aye, Ste. 205
	Hisleah, Fl. 33016
MGR	Hibelis Patton
MOR	7100 W, 20th Ave. Stc. 205
	Higleah, Fl. 33016
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(Use attachment if necessary)	and the contract of the contra
,,,,	
ARTICLE V: Effective date, if other than	the date of filing: January 1, 2025 (OPTIONAL)
(If an effective date is listed, the date mu	ust 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 do	oes not meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Dep.	partment of State's records.
ARTICLE VI: Other provisions, if any.	
DECIDED SICKLESION	$\langle \ \rangle$
REQUIRED SIGNATURE:	(~ -
	420(0)(7)
•	Y 777 (%) U.A

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.

Yadira Pagano

Typed or printed name of signee

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