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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LICENSES & PERMITS LLC

Account Number : I20210000155 Phone : (305)226-8727 Fax Number : (786)947-0844

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

F 47				
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FLORIDA LIMITED LIABILITY CO.

Bet-Zar Fashion Designs LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER TO: **New Filing Section** Division of Corporations Bet-Zar Fashion Designs LLC SUBJECT: 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: Lucia Estrella Name of Person Licenses & Permits LLC Firm/Company 8300 W Flagler St Suite 114 Address Miami, Fl 33144 City/State and Zip Code licenses 114@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lucia Estrella 305 2268727 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: □\$155.00 Filing Fee & ■S125.00 Filing Fee □\$130.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy 1 - 77 (additional copy is enclosed) (additional copy is enclosed) Mailing Address Street Address **New Filing Section** New Filing Section Division The Centre of Taliahassee Division of Corporations P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

Bet-Zar Fashion Designs LLC	
(Must contain the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
E II - Address: ng address and street address of the principal office	of the Limited Liebilion Comments
ig andress and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6895 SW 18th Street	6895 SW 18th Street
Miami, Fl 33155	Miami, Fl 33155

and the Florida street address of the registered agent are:

Betzabe A Reyes Vaca Name 6895 SW 18th Street Florida street address (P.O. Box NOT acceptable) Miami. 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)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Betzabe A Reves Vaca 6895 SW 18th Street Miami, Fl 33155
ective date is listed, the date must be s	e of filing: <u>January 13th, 2025</u> . (OPTIONAL) pecific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the date ective date is listed, the date must be spf filling.)	pecific and cannot be more than five business days prior to or some of the applicable statutory filing requirements, this date with n
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