

L25000037752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

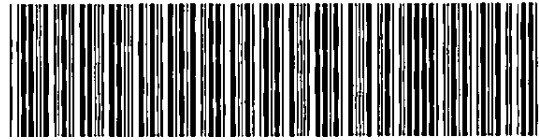
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2025 JAN 30 PM 4:51

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[Handwritten signature]

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account I20210000160: \$125.00

Authorization Signature *James F. Lee*

HLB Nail Spa LLC

Business

#Document

Walk in

____ Will wait

____ Certified Copies of articles

____ Certificate of Status

NEW FILINGS

____ Profit

____ Not for Profit

X LLC

____ Domestication

____ INC

____ CORP

____ OTHER

AMENDMENTS

____ Amendment

____ Resignation of R.A.

____ Change of Registered Agent

____ Revocation of Dissolution

____ Conversion

____ Statement of Authority

____ Merger

____ Restated Articles

OTHER FILINGS

____ TRANSMITTAL LETTER

____ Fictitious Name

____ Statement of Authority

____ APOSTIL _____
COUNTRY

REGISTRATION/QUALIFICATIONS

____ Foreign Filing

____ Partnership

____ Reinstatement

____ Statement of CORRECTION

____ Domestication of a Foreign Corp.

____ Other

EXAMINER'S INITIALS: _____

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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: HLB Nail Spa LLC

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:

Jacob Zhang

Name of Person

Firm/Company

2800 Glades Circle STE 159

Address

Weston, FL 33327

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

305 310 0315

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HLB Nail Spa 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 Liability Company is:

Principal Office Address:

Mailing Address:

13051 SW 88th Street, Miami, FL 33186

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:

Hongli Bai

Name

13051 SW 88th Street

Florida street address (P.O. Box **NOT** acceptable)

Miami

FL 33186

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..

Hongli Bai

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Hongli Bai

13051 SW 88th Street, Miami, FL 33186

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must 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 does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Hongli Bai

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.

Hongli Bai

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 Status (Optional)