

625000050422

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

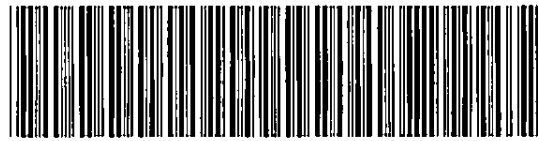
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600442584026

2025 FEB -6 AM 9:47

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2025 FEB -5 PM 4:44

RECEIVED

MS

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 

Glow Beauty Studio Flagler 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: _____

2023 FEB -5 AM 9:47

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COVER LETTER

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

SUBJECT: Glow Beauty Studio Flagler 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:

Qing Wen Fu

Name of Person

Firm/Company

8410 W Flagler St STE 206

Address

Miami, FL 33144

City/State and Zip Code

C@IVY-CPA.COM

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

For further information concerning this matter, please call:

QING WEN FU

786

227-6928

at (_____) _____

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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2025 FEB 16 AM 9:14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Glow Beauty Studio Flagler 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:

8410 W FLAGLER ST STE 206
MIAMI, FL 33144

Mailing Address:

8410 W FLAGLER ST STE 206
MIAMI, FL 33144

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:

QING WEN FU

Name

8410 W FLAGLER ST STE 206

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

<u>MIAMI</u>	<u>FL</u>	<u>33144</u>
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.

FU QING WEN

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

AMBR

Name and Address:

Fu, Qing Wen
8410 W FLAGLER ST STE 206
MIAMI, FL 33144

(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:

FU QING WEN

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.

QING WEN FU

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)

2025 FEB -6 AM 9:47

FILED