

125000054666

(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



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SOL  
TAL

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SY Hair and Beauty Spa LLC

Please Debit FCA000000003 For: 125

Thank you Seth Neeley

_____	Art of Inc. File _____	13
_____	LTD Partnership File _____	13
_____	Foreign Corp. File _____	13
<input checked="" type="checkbox"/>	L.C. File _____	13
_____	Fictitious Name File _____	13
_____	Trade/Service Mark _____	13
_____	Merger File _____	13
_____	Art. of Amend. File _____	13
_____	RA Resignation _____	13
_____	Dissolution / Withdrawal _____	13
_____	Annual Report / Reinstatement _____	13
_____	Cent. Copy _____	13
_____	Photo Copy _____	13
_____	Certificate of Good Standing _____	13
_____	Certificate of Status _____	13
_____	Certificate of Fictitious Name _____	13
_____	Corp Record Search _____	13
_____	Officer Search _____	13
_____	Fictitious Search _____	13
_____	Fictitious Owner Search _____	13
_____	Vehicle Search _____	13
_____	Driving Record _____	13
_____	UCC 1 or 3 File _____	13
_____	UCC 11 Search _____	13
_____	UCC 11 Retrieval _____	13
_____	Courier _____	13

Signature

Requested by:

Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: SY Hair and Beauty 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:

Nicola Condello

Name of Person

SY Hair and Beauty Spa LLC

Firm/Company

407 Lincoln road Suite 11C

Address

Miami Beach, FL 33160

City/State and Zip Code

nicola.condello@ttandpartners.com

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

For further information concerning this matter, please call:

561

859

6960

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SY Hair and Beauty 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:

407 Lincoln road Suite 11C

Miami Beach, FL 33160

United States of America

Mailing Address:

407 Lincoln road Suite 11C

Miami Beach, FL 33160

United States of America

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:

Nicola Condello

Name

407 Lincoln road Suite 11C

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

Miami Beach

Florida

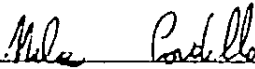
33160

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)

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:

MGR \_\_\_\_\_

SALVATORE MAUGERI  
407 Lincoln road Suite 11C  
Minmi Beach, FL 33160

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

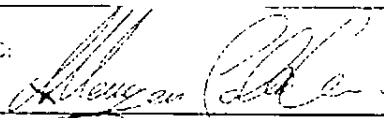
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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:



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.

SALVATORE MAUGERI

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)