Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone

: (850)521-1000

Fax Number

: (850)558-1575

FLORIDA/FOREIGN LIMITED LIABILITY CO.

BELLA MIA HAIR SALON, LLC

Contificate of Status	
Certificate of Status	U
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FOR F	LORIDA LIVITED LIABILITY COMPANI
ARTICLE I - Name: The name of the Limited Liability Company is	s;
BELLA MIA HAIR SALON, LLC, a Florida	
(Must end with the words "Limited Liability Company, "Limited Liability Company, "Limited Liability Company,"	ited Company" or their abbreviation "LLC," or "L.C.!")
ARTICLE II - Address:	
The mailing address and street address of the	principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
1660 Cheyenne Trali	1660 Cheyenne Trail
Maitland, Florida 32751	Maitland, Florida 32751
	Acc
ARTICLE III - Registered Agent, Registere	ed Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)	istered Agent. You must designate an individual or another
The name and the Florida street address of the	- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
N. Dwayne Gray, Jr., Es	9 <u>. </u>
Nem	· · · · · · · · · · · · · · · · · · ·

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 608, F.S.

City, State, and Zip

Florida street address (P.O. Box <u>NOT</u> acceptable)

PL 32801

(CONTINUED)

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201 East Pine Street, Suite 500

Orlando,

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<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM shall be:	Anna Perri
	1880 Cheyenne Trail
	Maitland, Florida 32751
	7A
	1 · s prov.
	<u></u> ਹੁੰਦੂ ਹੈ
	7, 2
(Use attachment if necessary)	
LE V: Effective date, if other than	the date of filing:(OPTION)
effective date is listed, the date mus days after the date of filing.)	t be specific and cannot be more than five business da

Signature of a member or sh authorized representative of a member.

(In accordance with section 608,408(3), Floride Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

N. Dwayne Gray, Jr., Esq,

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)

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