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SECRETARY OF STATE
AND AHASSEE, FLORIDI

). 2	, COVE	R LETTER	4 e
TO: Registration S Division of Co			
SUBJECT: Retail	Hair Support, LLC		
	(Name of Limite	ed Liability Company)	
The enclosed Articles o	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this matt	ter to the following:	
H. Barry B	<u> </u>		
		(Name of Person)	
		(Firm/Company)	
445 Fort F	Pitt Blvd. Suite LL 2		
	THE DIVIDIO DE L	(Address)	
Pittsburgh	PA 15219		
	(City	y/State and Zip Code)	
For further information	concerning this matter, please	call:	
H. Barry Bier, I	Esq	at 412 \ 391-060	06
(Name	of Person)	(Area Code & Daytime Te	lephone Number)
Énclosed is a check fo	or 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 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Retail Hair Support, LLC	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:	e principal office of the Limited Liability Company is	s:
Principal Office Address:	Mailing Address:	
51 Glen Eagles Circle Naples FL 34104	51 Glen Eagles Circle Naples FL 34104	
(The Limited Liability Company cannot serve as its own Robusiness entity with an active Florida registration.) The name and the Florida street address of the H. Barry Bier, Esq	AGE T	FILEU
339 Dolphin Shore Florida street Nokomis FL 34275	5 FL	<u>`</u>
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete	tte, and Zip I to accept service of process for the above stated limite in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of a e performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S	all

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGR" = Managing Member MGR Diane Sorbara 51 Glen Eagles Circle Naples FL 34104 MGRM Maria Bolio 19922 Tamiami Avenue Tampa FL 33647 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be more than five business days prio days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of an artitrized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein-are true.) Typed or printed name of signee Filing Fees: S125 00 Filing Fees for Articles of Organization and Designeeting.	Title:		Name and Address:	
MGR Diane Sorbara 51 Glen Eagles Circle Naples FL 34104 Maria Bollo 19922 Tamiami Avenue Tampa FL 33647 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing:				
MGRM Maria Bolio 19922 Tamiami Avenue Tampa FL 33647 (Use attachment if necessary) CLE V: Effective date, if other than the date of filling:	MORIVI — MIZ	magnig Member		
Naples FL 34104	MGR		Diane Sorbara	
MGRM Maria Bollo 19922 Tamlami Avenue Tampa FL 33647 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be more than five business days prior days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of an authorized representative of a member. (In accordance with section) 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein-age true.)			51 Glen Eagles Circle	
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:			Naples FL 34104	
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (OPTIONAL) ffective date is listed, the date must be specific and cannot be more than five business days produpts after the date of filing.) REQUIRED SIGNATURE: (In accordance with section) 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein-age true.)	MGRM		Maria Bollo	
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of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)