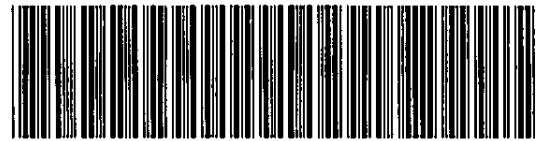


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

09/09/16--01029--006 **87.50

10/21/16--01003--005 **42.50

Special Instructions to Filing Officer:

W16-64081

Office Use Only

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

V HERRING
NOV - 8 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PARK AVE Barber e Hairsty list
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:

JORGE MORENO
Name of Person

Firm/Company

320 plumwood cir
Address

KISSIMMEE FL 34743
City/State and Zip Code

327 PARK AVE BARBER@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jorge Moreno at (7407) 603-9797
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 of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 16, 2016

JORGE A MORENO
320 PLUMWOOD CIR
KISSIMMEE, FL 34743

SUBJECT: PARK AVE BARBER & HAIRSTYLIST
Ref. Number: W16000064081

We have received your document for PARK AVE BARBER & HAIRSTYLIST and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 316A00019832



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 4, 2016

JORGE A MORENO
320 PLUMWOOD CIR
KISSIMMEE, FL 34743

SUBJECT: PARK AVE BARBER & HAIRSTYLIST
Ref. Number: W16000064081

We have received your document for PARK AVE BARBER & HAIRSTYLIST and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The correct forms to file an "LLC" are enclosed. Fees are \$125.00 - \$87.50. Balance due \$37.50.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 316A00019832

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PARK AVENUE BARBER AND HAIRSTYLIST. LLC
(Must end with 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:

320 PLUMWOOD CIR
KISSIMMEE, FL
34743

Mailing Address:

320 PLUMWOOD CIR.
KISSIMMEE, FL
34743

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:

JORGE A MORENO
Name
320 PLUMWOOD CIR
Florida street address (P.O. Box **NOT** acceptable)
KISSIMMEE, FL 34743
City State Zip

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TALLAHASSEE, FLORIDA

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.

Jorge A Moreno
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED

ARTICLE IV-

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

2016 NOV -3 AM 9:33

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

AMBR

AMBR

Name and Address:

JORGE A MORENO
320 PLUMWOOD CIR
KISSIMMEE, FL 34743

Luz Rivera
320 PLUMWOOD CIR
KISSIMMEE, FL 34743

Joel Soto
320 PLUMWOOD CIR
KISSIMMEE FL 34743

(Use attachment if necessary)

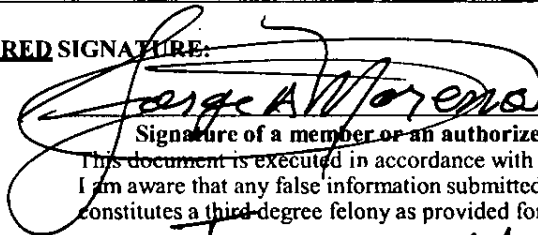
ARTICLE V: Effective date, if other than the date of filing: 1-1-2017 (OPTIONAL)

(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.

JORGE A MORENO

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)