

L000000008198

Nilza Martins

Requester's Name

470 Jefferson Dr., # 306

Address

Deerfield Beach, FL 33442

City/State/Zip

Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time \_\_\_\_\_

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certified Copy

☐ Certificate of Status

FILED  
00 JUL 11 AM 11:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

Name  
Availability  
Document  
Examiner

**OTHER FILINGS**

Updater ☐ Annual Report

Updater ☐ Fictitious Name  
Verifier

Acknowledgement DOC

W. P. Verifier DOC

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

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\*\*\*\*160.00 \*\*\*\*160.00

Examiner's Initials

L000000008198

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

BRAZILIAN HAIR DESIGN LLC

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

470 JEFFERSON DR. #306  
DEERFIELD BEACH, FL 33442

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

NILZA MARTINS

470 JEFFERSON DR #306

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

DEERFIELD BEACH FL 33442

City, State, and 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 608, F.S.*

*Nilza Martins*

Registered Agent's Signature

## Article IV - Management (Check box if applicable:)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

*Nilza Martins*  
Signature of a member or 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 are true.)

NILZA MARTINS

Typed or printed name of signee

### FILING FEES:

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)

00 JUL 11 AM 11:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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