

CAPITAL COLLECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

L00000009950

C.P. Chambers Estate Hair
Institute, L.C.

MJH 800003361938--0
-08/18/00--01042--005
****155.00 ****155.00

Signature _____

Requested by: SK

Name

Date

Time

Walk-In

Will Pick Up

_____ Art of Inc. File _____	00 AUG 18 PM 2:02	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS
_____ LTD Partnership File _____		
_____ Foreign Corp. File _____		
<input checked="" type="checkbox"/> _____ L.C. File <u>Cert</u> _____		
_____ Fictitious Name File _____		
_____ Trade/Service Mark _____	00 AUG 18 AM 10:41	RECEIVED DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA
_____ Merger File _____		
_____ Art. of Amend. File _____		
_____ RA Resignation _____		
_____ Dissolution / Withdrawal _____		
_____ Annual Report / Reinstatement _____	00 AUG 18 AM 10:41	RECEIVED DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA
<input checked="" type="checkbox"/> _____ Cert. Copy _____		
_____ Photo Copy _____		
_____ Certificate of Good Standing _____		
_____ Certificate of Status _____		
_____ Certificate of Fictitious Name _____		
_____ Corp Record Search _____		
_____ Officer Search _____		
_____ Fictitious Search _____		
_____ Fictitious Owner Search _____		
_____ Vehicle Search _____		
_____ Driving Record _____		
_____ UCC 1 or 3 File _____		
_____ UCC 11 Search _____		
_____ UCC 11 Retrieval _____		
_____ Courier _____		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

C.P. CHAMBERS ESTATE HAIR INSTITUTE, L.C.

ARTICLE II - Address:

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

5300 West Atlantic Avenue, #400, Delray Beach, FL 33484

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

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

JERALD C. CANTOR, ESQ.

Name

3230 Stirling RoadFlorida street address (P.O. Box **NOT** acceptable)Hollywood, FL 33021

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..



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)

 J. C. Cantor, Authorized representative
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.)

JERALD C. CANTOR

Typed or printed name of signer

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 AUG 18 PM 2:02